

## Barriers and opportunities for European active ageing policies: results of an expert panel discussion (WP6) ; German report

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## **WP 6: Barriers and Opportunities for European Active Ageing Policies Results of an Expert Panel Discussion**

### **German Report**

Paula Aleksandrowicz

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*Disclaimer note: The analysis in this report is based on own work of the researchers involved in the ActivAge project and does not necessarily reflect the opinions of the experts who participated in the discussion.*

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## 1. Introduction

The intent of Work Package 6 of the *ActivAge* project, „Barriers and Opportunities for European Active Ageing Policies“, was to collect opinions from experts on the preliminary results of our project and to gather useful tools for fostering active ageing policies which could serve as recommendations for policy-makers. This purpose was followed by the means of an expert panel discussion conducted in each of the countries participating in the project.

The following report will deal with the results of the expert panel meeting carried out on May 27<sup>th</sup>, 2005 at the premises of the Centre for Social Policy Research (ZeS) in Bremen. In chapter two, the preparation of the meeting, the ways of recruitment of the experts and the schedule of the meeting is presented. Chapter 3 deals with the understanding of „active ageing“ by the experts. It will become clear that besides aspects clearly connected to the field of pensions, employment, health care and volunteering, some issues like „participation in social life“ and „mental flexibility“ have a more universal meaning and were regarded as important by most of the panel participants. From chapter 4, the reader will learn about the strengths and weaknesses of Germany with regard to the realisation of active ageing objectives, and about the opportunities and risks stemming from the EU which may improve or aggravate the situation in Germany.

Chapter 5 is devoted to the results of the moderated discussion in the afternoon. The discussion was divided into thematic areas – pension system, labour market, health care and self-organised voluntary activities of older people (SOVA). In this chapter, policy recommendations developed by experts are presented. Chapter 6 is the concluding chapter. It sums up the positive and negative aspects of the discussion and recapitulates the main results.

## 2. The meeting

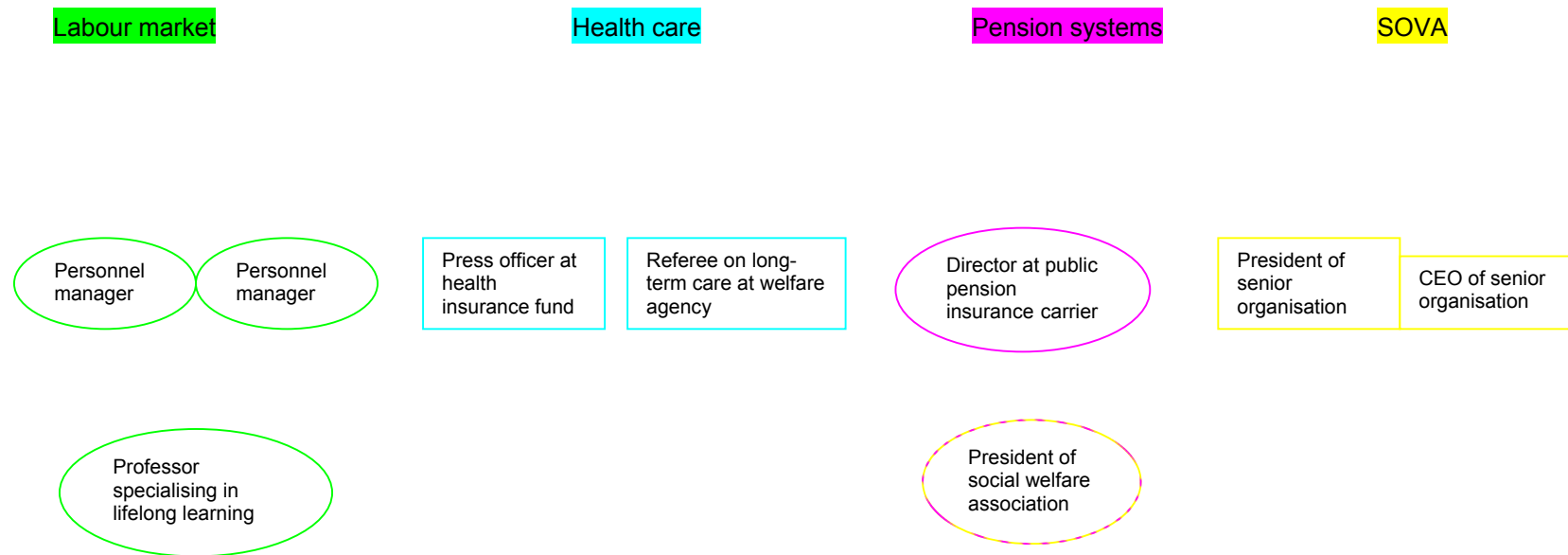
### 2.1. General remarks

For the expert discussion, we invited ten participants. Four of them were already interviewed in earlier phases of the *ActivAge* project. The other persons were chosen due to personal recommendations (in two cases), earlier contacts outside of the *ActivAge* project (one person) or because the person was known in public (one case). In two cases, the panel members were not known before and were appointed by representatives of organisations who were contacted via phone. Most panellists are active at the regional level. Due to the distance of Bremen to the capital, we had no access to policy-makers at national level.

One expert, the chairman of the works council of a big industrial enterprise, had to cancel the appointment with short notice due to an accident.

The focus of the expert discussion was to identify barriers and opportunities in the four fields with which the *ActivAge* project is dealing: labour market, pension system, health care and SOVA. Another goal was to receive an evaluation of the project results by experts. The experts were chosen so as to cover all four fields of the *ActivAge* project. [Figure 1](#) shows the area of expertise of the panel participants and their occupational position.

**Figure 1: Area of expertise of invited experts**



On the side of the organisers, six persons were present at the meeting: two project members, the Director of the ZeS as the moderator, a student assistant who helped out with making coffee and tea and writing the list of speakers and two technical assistants who were in control of the recording.

## **2.2. Course of the discussion<sup>1</sup>**

The expert discussion lasted from 9:30 till 14:30, with one hour for lunch and fifteen minutes for coffee break (see attachment „Agenda of the expert discussion“). We wanted to build in a coffee break in the last discussion in the afternoon as well but the participants preferred to continue the discussion without interruptions.

After the introduction by the Director of ZeS, Karl Hinrichs explained the focus of our project and of the opened expert discussion and explained the OECD definition of active ageing. Additionally, he presented a typology of four phases of ageing:

- childhood and youth, which is not in the focus of our project;
- working age; of interest to us is especially the last third of this phase from 50 to 65 years (or even past retirement age);
- active retirement age, when the retiree is mobile, involved in social life and not in need of care;
- oldest age, from the age of 80/85;

The oldest old person is rather immobile, often suffers from bad health and is dependent on the help of others and often also in need of care. This period of immobility and frailty can occur later in life or not at all. This phase of life is not in the focus of the *ActivAge* project, as at some point people can not be active any more. However, for the discussion we invited also persons who deal in their work with persons in need of care, namely the expert for long-term care and representatives of senior and social welfare organisations.

In the next step, the participants were asked to define the concept of „active ageing“. In order to collect definitions from all persons, the experts were questioned one after another. (See attachment „Description of used empirical methods“.) The statements were not exact definitions but rather a list of aspects connected to active ageing, reflections on the effects of demographic ageing and a description of what the respective organisation (of which the speaker was a representative) does for older people. For lack of time, we did not manage to define clear goals to be reached in the field of pensions, on the labour market, in the health care system and in volunteering. This had been originally meant to form the basis for defining SWOT strategies (SWOT = strengths, weaknesses, opportunities and threats) in a later stage of the meeting. After the coffee break, we continued the meeting with a SWOT analysis of the current active ageing policy. First, we asked the experts to describe what constitutes in their view the strengths and weaknesses of German active ageing policy. Most experts understood „active ageing policy“ as „social security policy“, maybe partly due to an misleading formulation of the initial question. It was striking that „weaknesses“ outnumbered „strengths“ almost twofold. The moderator cut this part of the SWOT analysis after some time and introduced the other part of the analysis, „chances“ and „risks“ stemming from the outer environment of Germany, especially the EU. (All statements that followed concentrated only on the influence of EU.) Here, experts perceived more chances than risks. The discussion was lively and we were very satisfied that we succeeded in giving the expert meeting a „European dimension“.

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<sup>1</sup> See attachment „Agenda of the expert discussion“.

The last part of the SWOT analysis initially scheduled before lunch – writing up of policy recommendations – had to be moved into the afternoon.

After lunch, Karl Hinrichs presented the results of our project – the chances and barriers identified in the four analysed sectors. (The German consultation paper which included those results had been distributed to the experts before.) The experts were also informed about developments in other countries participating in the project, e.g. with regard to health expectancy and activity rates of older workers. Afterwards, the experts asked questions on the presentation, and the moderator started a discussion. She encouraged the experts to define „SWOT strategies“, i.e. strategies on how to use the potential of Germany to promote active ageing and how to overcome the weaknesses of the system. The experts were rather negative about the opportunities of pushing through those strategies.

As some of the participants had to leave earlier, we postponed the last coffee break until the end of the discussion.

### **3. Results of brainstorming: What is active ageing?**

„Active ageing“ encompassed for the experts various spheres of life:

#### ***participation in social life***

It was stressed that participation in social life can take many forms. It can mean family life, political self-representation within senior organisations, meetings with friends in a nursing home. Thus, even people in need of care can participate in social life. An expert held that even the retreat into the private sphere in order to devote oneself to works of art was social participation. The same expert pointed to what can be regarded as the antithesis of „active ageing“ – participation in social life is often contingent on health status or income (e.g. if a resident of a nursing home can not afford coffee with friends). Moreover, a retreat into the private sphere may be caused by advancing frailty and by the shame to admit it before other people.

#### ***volunteering***

Voluntary work as a form of participation in social life was named by several experts who themselves perform honorary work in senior organisations. Volunteering is seen as a means how to bring the abilities the older person has into society, a means how old age can be seen as resource.

#### ***health, mobility***

The experts hold that *„[a]ll opportunities which one encounters in third age can only be used if one can move and is somewhat mobile. Therefore, good health is the basic prerequisite [...] for greater activity in old age“ (2.030<sup>2</sup>).*

#### ***financial security/old-age security***

An expert pointed to the need of planning ahead for the life in old age. Consultation by health insurance and pension insurance carriers was regarded as a useful vehicle to this end. The need was stressed to start financial planning already at the age of 35 years.

mental abilities like flexibility of mind, lifelong learning

Several experts stated that the preparation for active ageing was crucial not only at the age of 35 years but already in youth. They stressed the importance of brain training and of the

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<sup>2</sup> The numbers in brackets indicate on what tape (here: tape two of seven) and at what time, resp. place on the tape the statement was recorded.

continuous usage of mental abilities, as „[t]here is not active ageing without active living“ (2.132). The experts held that „[a]ctive people age better. People who have been active for a long time, not only at work but also in volunteering etc., people with better health and better cognitive capacities [...] preserve the ability for activation in old age“ (2.366).

A labour market expert reported from company practice. In order to attune workers towards flexibility and lifelong learning, qualities which enable active ageing, they have to change workplaces during they work history several times. The reason why the company in question highlights the issue of flexibility are the results of a survey conducted by a scholarly institute, namely that workers become "fit by flexibility". „Those workers who have repeatedly learnt new tasks during their job career, who have adapted flexibly to work requirements are usually more satisfied in advanced age and more efficient from our point of view“ (2.104). Besides of job rotation and further vocational training, the company addresses the issue of active ageing in the field of ergonomics and organisation of work processes.

#### ***employment in higher age brackets, gradual transition into retirement, working past retirement age, flexible timing of retirement***

The experts stressed the need to decide independently on the timing of retirement and opted for a flexibilisation of retirement age. One expert stated that the debated raise of the standard retirement age to 67 years would enable active ageing. As to the gradual transition into retirement, the experts split in their opinions. One labour market expert stated that „part-time work in old age“ (*Altersteilzeit*), originally designed as a model of phased transition into retirement, had been changed into the opposite due to the wide-spread utilisation of the 'blocked model' (working full time in the first phase of *Altersteilzeit* and not working at all in the second phase). This model has publicly sponsored early retirement and has contributed to the stigmatisation of workers who work past the age of 60. Enforced inactivity, in turn, leaves too much economic potential unused. On the other hand, a company manager maintained that *Altersteilzeit* allowed for the recruitment of younger workers. (See discussion in next section.)

The experts named many factors which thwart the attainment of higher employment levels by older workers. The company from which one of the experts came from currently pushes out 300 employees who have reached the qualifying age for *Altersteilzeit*. This results partly from the wish to secure the old-age income of employees, the expert admitted, but also from a general assumption that older workers are passive and unproductive.

#### ***prevention of disability and preparation for the period of long-term care***

A long-term care expert pointed out that in care, both the problems and resources of the patient were taken into consideration – i.e. not only what help the patient needs but also what he/she can still do for him-/herself. The prevention of disability and preparation for the period of long-term care encompasses financial planning, the reorientation of eating habits and of living arrangements, resp. a removal to a nursing home. According to the expert, what is lacking are models of long-term care which would satisfy the demands of different age groups and the heterogeneous interests of older people, as well as the interlinking of resources provided by different institutions.

A health care expert regretted that preventive measures, which would be further strengthened by the planned law on prevention, were utilised to a high degree by persons aged 55-65 years but only by those who were active anyway. Persons who later generate the highest costs to the health care system, e.g. due to their lifestyle, rather shy away from preventive measures, thus undermining their effectiveness.



### ***'discommitted life' after retirement***

According to an expert from a senior organisation, in the first and second phase of life, people are orientated towards work, i.e., they lead a 'committed life'. The third age, in contrast, is a phase of life free of responsibilities, a 'discommitted life'. This does not entail being idle. However, what 'discommitted life' means concretely for older people, has still to be found out, as „[t]he transition from working age into post-working age is a new phenomenon“ (2.400). This challenge means discovering the 'culture of ageing'. The expert argued that *Seniorenbüros* (voluntary work placement and training agencies for older people) set the stage for this new culture.

Germany lacks a clear vision on the culture of ageing and culture of work in old age, was the opinion of a labour market expert: „All social systems are orientated towards the deficit model of old age. All social security system are geared towards care or provision of services to old age and not towards utilising the competencies of old age. For example, in the German Parliament, there are maximum six representatives above seventy years acting as representatives of active ageing defined here as the age range 60-80 [this was only one of age groups defined as the focus of our discussion; P.A.], and persons in the middle-ages, who are often afraid of old age, form the clear majority (2.150)“.

The statements given by experts were to a lesser extent exact definitions but rather reflections on different aspects of ageing related to their own field of expertise. The pension system was brought in by the issue of financial security in old age and the need of planning ahead. In the field of labour market, the topics of continued employment and *Altersteilzeit* misused as a vehicle for early retirement were raised. In the field of health care, the issue of health status and mobility as prerequisites for active ageing and the prevention of disability appeared. The preparation for the period of long-term care was also dealt with; the experts stated that even people in need of care had the potential to be active. Voluntary work, which can be allocated to the field of SOVA, was named as a form of participation in social life and as a means how older people can utilise their resources and not only receive services.

Several subjects popped up which can not be allocated to a single field of action, namely, participation in social life, mental abilities which have to be trained as a prerequisite for active ageing, and 'discommitted life' which still has to be filled with new ideas on a 'culture of ageing'.

Another important conclusion was that „active ageing does not concern a certain age but is something which should be included in individual planning for life but which should be pre-structured by society. And the distinction between phases of life is certainly not a question of biological age“ (Moderator, 2. 529).

## 4. Results of SWOT Analysis

### 4.1. Strengths and weaknesses of German active ageing policy

The SWOT analysis as an empirical method consists of three steps. In a first step – the internal analysis – the strengths and weaknesses of the given system are analysed. In a second step – the external analysis – the opportunities and threats stemming from the environment on the system are in focus. In a third step, strategies are build. This strategy-building follows either the scheme of overcoming the weaknesses with the help of opportunities, exploiting the strengths so as to fend off risks, using opportunities which further increase systemic strengths, or overcoming weaknesses in order to realise opportunities.

The main strengths and weaknesses identified by the experts at the panel discussion in Bremen dealt with the German social security system. Partly, this can be ascribed to a wrong formulation of the initial question (*„What weaknesses and opportunities do you perceive in the system of old-age security in Germany?“*), which was subsequently clarified by the moderator. Partly, this may be connected to the fact that financial sustainability of social security is the main subject discussed in Germany with relation to demographic ageing.

The experts valued the sheer existence of the social security system, its broad coverage, the elimination of state intervention due to earmarked contributions and its reliability. (*„It is a benefit as the state can not cut pension levels according to the need of the Treasury. [...] The state has no direct access to contribution revenue“*, 3.266). A labour market expert maintained that the positive aspects of the German social security systems are undermined by the practice to push older workers out of the labour market, thus narrowing the contribution base on which those systems rest.

Similarly, a pension system expert remarked: *„We can not defend the pension system against misuse for labour shedding“* (3.188). Several experts found fault in the reliance of the German PAYGo system on employment. A labour market expert praised the US American system relying more on private pension provision. In the USA, he stated, people practice flexible retirement by timing labour market exit in line with the performance of stock markets which has a direct effect on the future level of their pensions. An unfavourable by-effect of this reliance on stock markets is a generally low level of old-age pensions in times of bad economic performance, the expert admitted. A SOVA expert challenged the assumption that a pension system based on capital funding is more sustainable than a PAYGo system: *„Money for older persons is only left if the economy is functioning. [...] It remains the same, only the active can work for the inactive“* (3.316).

The solidarity principle on which German social security systems are based was regarded as a big strength. It was however criticised that political actors have not managed to react adequately to raising life expectancy and to adjust the solidarity principle to longer life expectancy: *„In effect, we have become our own insurers. [...] But one third of our society can not afford this. And I regard this as an enormous socio-political weakness that the problem was not perceived before but we have allowed it to become a threat. We older people have become a threat to social life, and I think it's fatal“* (3.168). A labour market expert found fault with the communication of the solidarity principle to the public. He argued it was an abstract, intangible phenomenon and it had not yet been a subject of public debate. On part of the weaknesses of the German system of active ageing policies in general, and the social security systems in particular, the lack of transparency about the further development and the financial conditions of

old-age security was named, the lack of transparency how health care expenses are generated and the lack of transparency with regard to accumulated individual pension wealth.

A personnel manager declared approval of *Altersteilzeit* which had been made responsible for early exit age by another expert (see previous section). His line of argument was that productivity in German economy is rising and, as an effect of this, the industry needs less workers. *„It all happens against the background of rising productivity in automotive industry in Germany amounting to three per cent per year. In a factory with 10,000 employees, this implies that 200-300 workers less are needed per year“* (3.351). Therefore, releasing older workers via *Altersteilzeit* remains often the only method how to make vacancies for younger workers. The expert applied the slogan „generational compact“ to this model.

Next to the condition of social security systems, another aspect which gained prominence in the discussion was the policy narrative. It was appreciated that active ageing has at least become a subject of political debate, if one not pursued with much vigour. A SOVA expert regretted that the polity lacked a positive vision how to fill the „won years of life“ after retirement. („Won years of life“ are to be understood in distinction to the rather low life expectancy in earlier centuries.) Even persons in the political sphere who already are past retirement age are not concerned with the needs and demands of older persons but instead act as if they were 35 or 50. *„If we lack a vision how to integrate the age group 65-85 in a positive way into society, then we can only speculate about costs and not about chances of older persons“*, the expert maintained (3.143).

Another activist of a senior organisation assented to this conclusion. He noticed an inconsistent debate on life in fourth age: *„On the one side, political actors demand a new culture of ageing. On the other side, the political preconditions for this new culture are either absent or are withdrawn piecewise“* (3.409). He gave the example of communes which proactively endeavour to establish *Seniorenbüros* (umbrella organisation of voluntary work placement and training agencies for older people). As the state assumes they are active enough and can manage on their own, the communes are withdrawn financial support from the state.

A labour market expert directed the discussion towards enterprises as actors which either enable or thwart active ageing. He regretted that enterprises *„are not clever and creative enough to perceive the enormous market potential [of older customers]“* (4.077). He spoke in favour of opening up new markets and carrying through product placement for older persons. On the positive side of active ageing policies in companies, the forerunner role of German companies with regard to flexible working hours was stressed and the wide-spread incidence of occupational pension schemes.

„Personal responsibility“ was a catchword which was repeated quite often. A personnel manager held that Germans were slowly gaining health consciousness. He was however very critical about the fact that personal responsibility had been made less attractive in the last decades which mad the country *„lay[...] astray“* (3.159). The expert stated that people in Germany tended to transfer the responsibility for their health to institutions. The lack of personal responsibility has far-reaching consequences, he stated, as it undermines optimism and the ability to change things: *„If I feel responsible, I do something; if I feel some others are responsible, I don't do a thing“* (3.065). A SOVA expert added that personal responsibility for one's welfare was not sufficiently acknowledged in Germany. The distinction between obligatory and voluntary provision has not been discussed to the end so as to make it comprehensible to the public.

In distinction to the personnel manager, another labour market expert saw a positive side to personal responsibility of Germans as they are inclined towards collective activities in registered associations (*Vereinskultur*). Furthermore, societal structures support this sort of collective activities (3.087).

Some remarks on the socio-economic conditions were also made. On the positive side, the reduced poverty in old age was stressed and the relatively high income levels, as well as the financial reserves on part of the enterprises and the social security systems. On the negative side, an expert argued that the social security system and the work environment did not adequately acknowledge what people raising children contributed to the maintenance of those systems. On the contrary, the positive contribution of parents will translate into worse living conditions in future, e.g. with regard to the pension level. This the expert called „deceit“ on people raising children.

In the context of socio-economic conditions, it is worth to recapitulate what was already said during the initial brainstorming session. Several experts pointed out differences in chances for staying active in old age depending on social strata, educational level and health status. A labour market expert believed that social inequality, or selectivity, inhibits individual chances for active ageing. *„Selectivity follows the delineation between educational levels, as people with higher educational levels stay on in working life for a longer time and at the same time, they have a better health status which enables them to continue working. Those persons have also a higher interest in further education synchronously with their work“* (2.330). A health care expert also noticed that usually those persons made use of preventive measures who already were more active and had better predispositions to stay in good shape through old age.

What is remarkable about the listing of weaknesses and opportunities of German active ageing policy is the focus on social security systems. This could be ascribed to the wrong formulation of the initial question, to the fact that the financial sustainability of social security systems receives great attention in political and media discussion for several years in a row already and the experts ‘copy’ this discussion, or to the fact that the experts, irrespectively of their field of action (SOVA, pension system, labour market and health care) view it as most important. Thus, it can be said that in the discussion on shortcoming of German active ageing policy, the system was blamed. At the same time, social security systems, especially old-age security and health care, were praised for their reliability, earmarked contributions, high coverage, operation which is independent from the state and their reliance on the solidarity principle. A uncertainty remains, however, how to interpret these findings. Do the positive facts about old-age security pose a chance for active ageing, or are they valued because they form the basis for institutional and financial sustainability?

Fault was also found with political actors. In the initial, introductory round, three persons admitted *„I don’t know what I am doing here“*, although the goals of the meeting were clarified to them via phone and in an official invitation and they were chosen according to their expertise in one of the four fields of active ageing policy. One of the experts ascribed this to the deficiency of political debate on active ageing: *„The big weakness is [...] that it is no explicit policy goal to systematically promote active ageing. And therefore some of you asked initially „What am I doing here?“, because the subject of active ageing has not been implanted in you organisations. [...] And similarly as in the field of social security, in this field [of active ageing] statutory guidelines are lacking“* (3.227). It was also criticised that the political debate reacted too slowly to changed demographic conditions and the related burden to social security systems. Experts from senior organisations, who have already experienced life in old age themselves, criticised the lack of a positive vision for the new phase of life after retirement. The concurring opinion

was that a 'culture of ageing' had not established itself in Germany, and even if seniors had ideas how to shape life in old age, the polity did not always support them. *„On the one side, political actors demand a new culture of ageing. On the other side, the political preconditions for this new culture are either absent or are withdrawn piecewise“* (3.409). One of the senior experts assessed that present conditions in Germany for the realisation of one's idea of life in old age are rather unfavourable.

Another type of actor at whom criticism was directed were individuals. The lack of personal responsibility was named which imposes a burden on social security systems and impedes the individual ability to change things. This reduces also the chance to shape one's life in third and fourth age autonomously, an expert believed.

For greater clarity, the strengths and weaknesses of German active ageing policy are depicted in Table 1 below, divided by the „blamed“ (in the case of weaknesses), resp. „praised“ (in the case of strengths) actor.

**Table 1: Strengths and weaknesses of German active ageing policy**

ACTORS/ ENTITIES	STRENGTHS	WEAKNESSES
SOCIAL SECURITY SYSTEMS	PAYGo system – reliability, earmarked contributions, higher coverage than e.g. occupational pension funds in the USA	Lack of transparency of health expenditure and accumulated pension income (but: annual information on accumulated pension income since recently)
	„Part-time work in old age“ ( <i>Altersteilzeit</i> ) – a chance for vacancies for young applicants and apprentices and an instrument of a socially acceptable personnel adjustment	Uncertainty as to the direction in which social security systems will develop in the long term, further aggravated by the media which highlight negative aspects
	High financial capacity of German social security system, of enterprises and of individual workers	Lack of consensus with regard to the development of social security systems
	Solidarity principle as the basis of German social security systems	Lack of visions as to the maintenance of the „social compact“ in social policy
	Social security systems are not controlled by the state	The „intergenerational compact“ is not easy to grasp – it is not transparent, it was not subject to discussion and it has not been communicated to the public
	New preventive measures at the workplace and first attempts to earmark some part of contribution revenue strictly for preventive purposes so as they do not „fall prey“ to money shortage	PAYGo system is undermined by incidence of early retirement; the pension system can not prevent misuse of early retirement pensions for labour shedding
		The level of retirement pensions decreases in times of low employment (but: it happens irrespective of PAYGo financing or capital funding)

**Table 1 (cont.)**

POLITICAL ACTORS	Life in old age has come into the focus of political actors	Focus on costs older people generate and not on their social potential
		Lack of a positive image of old age, lack of respective visions
		A systematic promotion of active ageing is not a political priority; lack of statutory guidelines in the field of active ageing
		„Deceit“ committed on persons with children: By child-rearing they secure the sustainability of our society but suffer drawbacks to their own old-age security
		Political action and ideas are split along policy fields („ <i>thinking in segments</i> “)
ENTERPRISES	Occupational pensions are wide-spread	Barriers in work environment which hinder higher birth rates generate at the same time negative effects on old-age security
	Many models of flexible working hours (e.g., work accounts to be used for further vocational education) developed by social partners in unison which might serve as good example for neighbouring countries	Older customers have not yet been discovered as target group
		Companies' practice to push older workers out
INDIVIDUALS	Germans' liking to membership associations	Lack of personal responsibility – not in the „German“ meaning of duty and obligation but in the sense of creative potential
SOCIO-ECONOMIC CONDITIONS	Decreased poverty in old age in the last 30-40 years compared to other groups which forms a basis for participation in social life	

#### **4.2. Opportunities and threats to German active ageing policy**

The second part of the SWOT analysis dealt with the opportunities and threats to German active ageing policy which stem from development within the European Union and from the outer environment in which German active ageing policy operates.

The EU was praised for its regulatory and forerunner function. An activist from a senior organisation is convinced that the EU has developed in the field of active ageing far more than Germany has. As an example, he named diverse EU directives which have not yet been transferred into German law, e.g. directives banning ageism and discrimination against handicapped persons. It emerged from the discussion that the positive impact of EU directives on German active ageing policy is threefold. Firstly, EU directives pose a chance to start a political debate. Secondly, they oblige the government to write up national action plans, e.g. in the field of employment, and thus to assess the improvements or regress made in the respective field of action year by year. And thirdly, they necessitate a policy adaptation under the threat of negative publicity for non-compliance (as happened with Germany because of negligent implementation of the anti-ageism directive). A labour market expert criticised the lack of binding guidelines from the EU. Memoranda do not have the same right-generating effect, he argued. Moreover, the memoranda do not address the question of employment near or past retirement age.

The experts perceived a positive aspect in the opportunity of system comparison among EU countries. Member countries represent many different forms of welfare regimes and have different solutions for socio-political problems. Germany can compare available options in search for systemic improvements. That way, systemic failures can be prevented such as frequent deaths from heat which hit older people in France and Italy. Moreover, the vastness of different experience across the EU shows possible ways of development of senior policy in Germany when observing countries which are more advanced in this respect. Germany can only profit from thinking out of the box, was the consensus of opinion.

The experts regarded the deregulation in long-term care and in other policy fields within the EU both as an opportunity and as a threat for active ageing in Germany. The opportunity is connected to the fact that deregulation in long-term care opens up the way for new, low-priced care services. The threat is the financial risk to non-profit providers which have hitherto provided unprofitable long-term care services. Full-profit providers, which benefit from deregulation, will not compensate for the loss of those services, believes a long-term care expert. An activist from a senior organisation is afraid that deregulation will neglect the basic conditions for activity in third age and will push this subject further in the area of personal responsibility.

A health care expert viewed the harmonisation of social policy within the EU as a threat to the continuation of well-tried national systems. He argued that the German health care system was in danger of evolving in the direction of the British system, which the expert perceives as a 'bad practice' example because of health care rationing. It is risky to harmonise systems which rely on different functional principles, the expert argued. The German health care system is a one-of-a-kind case of a contribution-based system independent of the state and providing non-cash benefits. *„It is easy to say ‘We want to harmonise everything’. It involves a big threat as well. The reason is we have other standards here in Germany. We have a clearly different [health care] system than in whole Europe. And it surprises me not that English, Dutch and other patients travel to Germany for medical treatment“* (4.332), the health care expert declared.



Most of the opportunities and threats listed by experts referred to EU policy, but some were of a more general nature and brought up issues which affected member countries irrespective of EU policy. A SOVA expert pointed to the lack of well-qualified persons on the German labour market which will pose a risk to the competitiveness of the economy in the long run. Moreover Germany will not have the financial means to finance a population consisting in 30 per cent of retirees and in almost 20 per cent persons in pre-working age or apprentices. He expected from those developments – the sinking competitiveness and financial problems – a pressure on the activation of older persons: *„There is a chance that all EU countries will at some stage have to integrate older persons in a socially productive process“* (4.193). Another expert was positive about the high appeal of Germany as a high-income country for job applicants from the UE which will help to overcome the shortage of qualified labour force.

What is striking about the results of SWOT analysis is the fact that in the case of Germany, the participants identified more weaknesses than strengths but in the case of EU influence, they identified more opportunities than threats. This points to a pessimism regarding the situation in Germany. Especially two experts were critical about the prerequisites for active ageing in Germany, the condition of social security and different policy fields such as family policy or voluntary work, using such expressions as *„morale of the population characterised by anxiety. The weaknesses of a disheartened nation“* (2.156), *„disastrous situation“* (3.044), *„this country lays astray“* (3.159), *„dead-end debate“* (3.637), *„[t]his is less problematic than we know it from Germany“* (5.359). If the developments connected to EU policy are to a greater extent associated with opportunities than risks, this means that in the opinion of the experts, there is chance for improvement of German active ageing policy through external influence. Esp. the directives in the field of employment were appraised positively as they put pressure on the government to improve the situation of disadvantaged groups on the labour market.

## **5. Results of moderated discussion in the afternoon**

### **5.1. Comments on our project results**

Karl Hinrichs presented our preliminary project results and some comparative data on all ActivAge countries. The presentation was based on the figures and the „consultation document“ which are included in the appendix to this report.

What followed the presentation was not an evaluation of our project results, but rather questions on the presentation and supplementary information. The U.K., Norway, Denmark and USA were highlighted as ‘best practice examples’ in different fields. A SOVA expert and a labour market expert pointed out that the USA spent more money on research into ageing and the US American economy was much more interested in respective project results than other countries and much more willing to donate money to voluntary organisations. The experts believed that this dated back to a specific tradition or culture in the USA. Only a society which is optimistic and far-sighted and believes that life in old age can be actively shaped is willing to invest money into research on old age, they concluded.

A personnel manager was astonished that Norway and U.K. stood out with regard to high involvement of the seniors in voluntary work, Norway additionally also with regard to high employment rates of the „50pluses“. Karl Hinrichs ascribed this to the custom to organise interest of all different kinds in Norway, even as ‘odd’ one’s as those of ‘abstinent drivers’. He explained the high employment levels of older people in Norway and Switzerland by the almost complete absence of early exit options.

A SOVA expert brought in another good example, namely Denmark in which he perceived a „culture of self-organisation in common interest under conditions of scarce hierarchy“ (5.359), furthermore the valuation of an own house and of independent living which, in his eyes, induces people not to leave employment at an early age. He positively assessed the active role of Danish communes in providing the basic conditions for self-organisation and the good co-operation between communes and rural and small town economy.

### **5.2. Policy recommendations developed by experts**

#### **Voluntary work and SOVA**

The moderator noticed that voluntary work and civic engagement was „the favourite topic“ of all participants as it was closely connected to culture in general and the culture of ageing in particular. As such, the topic cuts across all other fields. A SOVA expert found a connection between family policy and volunteering in the form of family care for frail relatives. The discussant held that in the „Survey on Voluntary Work“ of 1999 carried out by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, family was considered as an important field of action. In the survey, it emerged that in the age range between 60 till 70 years, the share of persons performing voluntary work has increased considerably between 1999 and 2004. The expert assumed that this was either a result of the political debate in the last five years or a sign of a cultural change. As a useful strategy to promote self-organisation of older people, he regarded inter-generational work instead of the prevailing distinction into age-based „segments“.

A health care expert commented on voluntary family care for frail relatives with some strategic proposals. He perceived it as task of health insurance funds to support family carers with professional long-term care in the pre-hospital and post-hospital phase. New models of housing, e.g. „old-age shared flats“ with care services in case of emergency can also ease the burden of family carers, he believed. He saw another connection between voluntary work and health care in financial support provided by health insurance funds to self-help groups in the field of dementia, diabetes or rheumatism.

An activist from a senior organisation proposed some improvements in the support system of voluntary work based on the good example of the U.K. Firstly, in the U.K. people are recruited in everyday life, e.g. on bus stations. In Germany, this would be impossible and would be regarded as public annoyance. Secondly, British people are willing to invest many years into further education only to be able to fill a honorary post. Thirdly, foundations and organisations which are financed by donations and public grants are able to offer some reimbursement for voluntary work, which increases the willingness of people to get involved. Fourthly, voluntary organisations in the U.K. have a professional co-ordinator who is a steady contact person. Those observations from the U.K. were considered by the panellists as good examples to be copied in Germany.

A labour market expert held that Germans had the same potential to engage in voluntary work as the British – good ability to organise things, willingness to invest time and effort in collective action. However, that potential could in his eyes not be utilised because of rivalry between individuals and unwillingness to share one's ideas with others. („[...] *dieses Wagenburgdenken, dieses Konkurrenzdenken und dieses 'Schau mir nicht in die Karten' usw.*“, 6.049.) He concluded that volunteering in Germany is excessively organised and too effortful („[...] *schwerenöterisch, groß organisiert, es fehlt die Leichtigkeit*“, 6.054). A SOVA expert assented that the potential for voluntary work was present but the implementation of results, e.g. those collected by his organisation in empirical surveys, lagged behind.

### Labour market

The experts opted for a strengthening of the right of people to decide on the timing of retirement and the duration of working time as the basic prerequisite of an independent decision on „*how to spend time over life*“ (from the OECD definition of active ageing).

Another proposed strategy was the popularisation of best practice examples in other countries and the realisation of empirical studies on what makes other EU countries outstanding in some fields. (Here, a panellist referred to the EU figures presented by Karl Hinrichs.) In the case of Germany, a labour market expert found need for improvement of the 'meddling' and detail-ridden regulation of work relations, especially in the implementation process of laws. He criticised the mutual accusations and conflictual relationship between the state and enterprises. The state was regarded by enterprises as overly regulatory, and the enterprises as too inflexible, the expert described the dilemma.

A personnel manager opted for building on the long tradition of 'humanisation of working life' in Germany and for utilising it for the purposes of active ageing. „*This is a concrete chance and I think Germany ranks high on this aspect, and there is a consensus about it. To use the available leeway within the bounds of economic possibility, e.g. group work, rotation, ergonomy*“ (6.144). A health care expert challenged the assumption that better ergonomy of workplaces

would make room for the recruitment of older people. The ergonomics of industrial workplaces had never been better and there was no potential of improvement, he asserted. A pension policy expert, in turn, stressed the importance of keeping people at their workplace rather than bringing others in. Improving workplaces saves costs for the enterprise, for social security and for the employee, he held.

An aspect which recurred in many arguments on early retirement, recruitment of older workers and on pensions (see also section „Pension system“) was the linkage between rising productivity and staff reductions. *„If we have [...] this excess ageing<sup>3</sup> (Überalterung) in companies and the average age [of the workforce] is rising as we do not hire new workers [...]. As the productivity of big German enterprises is rising steadily and in times of constant growth [...], productivity is rising<sup>4</sup> which leads to staff reductions, this leads to less new recruitment. We should actually realise a „renewal rate“ of 3 per cent in each German company per year [...]. We have to hire every year 300 people per 10,000 workers in order to preserve the average age at least partially. This is not feasible. We manage only 1 per cent“* (6.161).

A SOVA expert opposed the restriction of alternatives solely to hiring young people at the expense of older workers, or keeping older workers in employment at the cost of young job applicants who can not be hired. However, the expert lacked another solution for the dilemma and saw it as the mission of scholars to develop one. He issued the opinion that up till now, the solutions have consisted in making amends on the one side to the detriment of another aspect.

Besides of a general scepticism on the chances of a higher employment rate for older workers, some proposals were made how to make the best of the situation. As the ageing of the workforce can not be amended, personnel placement (e.g. age-mixed teamwork) was named as the crucial field of action in enterprises with an ageing workforce. *„To sum up, excess ageing doesn't stop at enterprises, [...], and we have to be prepared for working with those older persons at the assembly line, in logistics, at the forklift truck, [...] in engineering. That means, we have to check the concrete demands of the job and how to manage this with [...] the ageing workforce“* (6.165).

Another labour market expert saw a „lateral course of work history“ as a solution to many problems which occur at the age of 50 or later. Workers should be accustomed to job rotation early in their occupational history in order to prevent one-sided burdens and mental concentration on only one task not only at the age of 50, when first problems occur. In the company of the speaker, this solution was often carried through against the will of the employees but always for their benefit (6.293).

## Health care

A health care expert commented our request for policy recommendations with the statement *„If I had a strategy, I could sell it for a lot of money“* (6.330). He opted for a broadening of the

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<sup>3</sup> „Überalterung“ in German, a catchword frequently used in media debate. A SOVA expert subsequently criticised this catchword with the argument *“Nobody speaks of ‘down-childing’ [‘Unterkindering’]. The problem is, if we speak of ‘excess ageing’, then we regard a certain age structure as healthy and then we, older people, are to blame because we thwart this goal”* (6.192).

<sup>4</sup> In a later argument issued by the same speaker it became clear that he meant that productivity is rising independently of growth but only growth rates matching productivity rises in size can assure a constant need for labour force; see section “Pension system”.

contribution basis to health insurance by including groups of workers and types of income which have not been considered up till now. He rejected the option of tax funding as this would move health insurance under the supervision of the state, with the subsequent risk of cutting services in cases of budgetary deficit. *„This can be seen in other European countries, this doesn't work. This leads in the short or long term towards rationing“* (6.351). He held that even if the contested issue of a flat-rate premium for all insured (*Kopfpauschale*) versus an income-based premium collected from the whole population (*Bürgerversicherung*) came to an end, the issue of adequate health care spending and quality assurance would remain unsolved.

Another expert perceived a divergence of interests between the different branches of social security on the one hand, and between the communal, regional and federal level of governance on the other hand. According to him, many positive initiatives are thwarted due to those diverging interests and responsibilities. He explained the problem on the example of „supervised housing“ for people in need of care (*Betreutes Wohnen*): *„The process of setting up shared flats of people suffering from dementia has proceeded very slowly so far as a clash of institutional interests occurs in this field. [...] The institutional fragmentation is certainly a reason why not the individual and his interests, and his needs are at the centre of attention but why other factors play a role. This is certainly very pronounced in Germany* (6.391).

A health care expert pointed to an important difference between service provision in the pension system and the health care system. Whereas the completion of the 65<sup>th</sup> year constitutes the claim for pension benefits, in health care, it is not clearly delineated when the patients shall receive a certain benefit as 'illness' is a diffuse concept.

Morally or legally contested undertakings may nevertheless constitute a good basis for active ageing, as was shown on the example of a model project in health care. A branch of a German-wide health insurance co-operates with two pharmaceutical enterprises on the provision of drug to dementia patients which slow down the loss of cognitive capacities. The discussant concerned with this model project fears that once it is made public, there will be wide-spread protests as people will believe that the enterprises just want to sell their drugs. This would then possibly thwart the continuation of the project, as the health insurance can not afford to carry on without the help of pharmaceutical industry (6.472).

## Pension system

In order to focus the discussion on pension systems, Karl Hinrichs defined the crucial topic: *„How can we overcome this early retirement culture, both on the side of the companies and on the side of the employees?“* (6.594). This change in attitude towards retirement was visible at the example of two panel participants who were forced to retire. While one of the SOVA experts was pushed out at the age of 65 years about a decade ago, a labour market expert will be forced to leave the company already this year, at the completion of his 60<sup>th</sup> birthday. Within a decade, the assumed duration of a productive working life has decreased by five years.

The experts were critical about current political developments, e.g. the release of „hundreds of thousands“ of workers from public companies like German Railways and Deutsche Post at the expense of the pension system. A pension expert pointed to the need of changing priorities in pension policy. *„Early retirement is the result of a political will“* (6.601), he stated, namely the „mistaken belief“ that releasing older workers is a solution to youth unemployment. According to the expert, the current task is to erase this political motive (6.618). A related problem to the

statutory pension insurance is the diminished revenue as released older workers who usually earn a higher income are not replaced (6.623).

A labour market expert presented the enterprise view on the topic: Employees are only willing to change leisure for continued work if they enjoy their work and if it they can handle it. But ultimately, recruitment and retention chances for older workers are only given in times of (unrestrained) growth or when there is „recruitment mentality“ in other companies (to which the released workers can then be transferred). As long as the growth condition is not fulfilled, companies need the instrument of *Altersteilzeit* in order to release older workers.

*„We need growth, employment. Then we wouldn't be pressed to reduce staff levels, and we have exercised staff reduction over the last decades in a socially acceptable way, by releasing the old... the elderly workers. And if we have growth, if we have employment, if he can place older workers in other companies, if other branches are growing and a rotation of workers to other company occurs, then we wouldn't need it [=Altersteilzeit] any more“ (6.713).*

The managers stressed that the need to adjust pension levels was generated by productivity rises which amounted up to 3 per cent for many branches of German economy. In cases when growth doesn't match the level of productivity rises, firms have to respond to the rising productivity of other market actors with staff reductions.

A health care expert remarked that 'senior economy', a market of goods designed for the elderly, would be an opportunity for economic and job growth. E.g., the Mercedes A-Klasse is used predominantly by older people because of comfortable access, although it has been designed for the younger generation.

### Other topics brought up during the discussion

A labour market expert said he missed family policy as a field of the discussion. He regarded the family as the central place of action for older people: *„If we want to have active ageing, activity in old age, then we need other priorities in family policy which possibly allows for longer integration [of older people] into the family. [...] Active ageing, especially in post-working age, is much connected to family policy“ (5.453).* Karl Hinrichs pointed to the fact that 'family' is a cross-cutting subject which appears in other fields. 20 per cent of older people in Germany care for their grandchildren, Karl Hinrichs said, which means that early retirement pensions are utilised to make up for deficiencies in family policy.

Another cross-cutting topic brought into focus by a SOVA expert was the lack of networking between the different fields of active ageing policy. According to the expert, Germans are good in organising but bad in networking because a „*culture of competition*“ prevails and Germans tend to separate themselves from others in „sandcastles“. (*„[T]hat fatal German sandcastle mentality“*, 5.572.) The expert in question had been motivated to participate in the meeting by the chance to meet decision-makers from other fields of action and representatives of different age groups. He opted in favour of a German or European network of organisations and individuals dealing with age. He argued that solutions to problems in active ageing policy can be found at the intersection of the four discussed fields of action, not in one field solely. E.g., the senior organisation represented by that speaker co-operates with an umbrella association of health insurance funds. Together, both organisations train volunteers as assistants in long-term care.

Taking up the subject, a personnel manager pointed to many cross-sections between the labour market and health care at his company. The company in question has agreed with the in-house health insurance fund that the goal was to preserve the health status of workers so as to guarantee the maximum utilisation of his/her workforce until exit. *„And then, we co-operate on keeping workers healthy, on prevention, but also on awareness, on personnel placement, and connected issues“* (6.538). The personnel manager expressed hope that such a project as *ActivAge* would foster networking between organisations and individuals in different fields. *„If something like this is fostered, among other with the help of the ActivAge project, then it will be a big step forward. If the project reveals the fields of action“* (6.544).

### Policy recommendations in the four field of active ageing policy

#### **Strategies to promote civic engagement/voluntary work among older persons:**

- inter-generational work instead of work in age-based segments;
- professional support given to self-help groups in the form of a steady co-ordinator and qualificatory measures;
- remuneration for voluntary activities;
- support of family care for frail relatives with new models of housing combined with care („supervised housing“ or „old-age shared flats“) and financial support of medical self-help groups (e.g. for Alzheimer patients) by health insurance funds.

#### **Strategies to promote active ageing on the labour market:**

- introduction of a flexible retirement age, empowering people to decide independently on the timing of retirement/labour market exit;
- taking into consideration the abilities and limitations of staff at all levels of the enterprise (personnel placement as the crucial field of action);
- utilisation of new forms of work organisation as far as economic feasibility allows for in order to keep workers at their workplace;
- popularisation of ‘best practice’ examples;
- accustoming workers to job rotation early in their occupational career;
- co-operation between enterprises and in-house health insurance funds in order to keep workers in good shape;
- disentangling conflictual labour relations, esp. those between the state and enterprises in the implementation process of laws.

#### **Strategies to promote active ageing in the health care system:**

- better integration of institutions in the field of long-term care and health care;
- broadening the contribution basis to health insurance funds;
- moving away from curing acute diseases and focusing more on the treatment of chronic diseases and prevention;
- model projects for the chronically ill in co-operation with the industry.

#### **Strategies to promote active ageing in the pension system:**

- the legislator should change laws (without specification).

#### **Strategies cutting across different fields of action:**

- setting priorities in family policy which will allow for a longer integration of older people into the family;

- networking between organisations in the field of scholarship, economy and voluntary engagement and in-between all fields of active ageing. The network should be based in Europe or Germany but not world-wide. The role of scholars is to search for cross-sections in order to ease this co-operation.



## 6. Conclusions

The expert panel discussion within Work Package 6 has largely met our expectations. Our initial fear was that a discussion between representatives from different sectors (pension system, senior organisations, interest organisations, personnel managers, persons from the health care system and scholars) will progress only slowly. Fortunately, this was not the case, and there was rather too little time for discussion than too much. Another positive aspect of the meeting was the lively discussion on opportunities and risks stemming from developments within the EU and how they might inhibit or foster German active ageing policy. It showed that although most of the invited experts were active at the regional level, European policy was of interest to all of them and affected to a certain extent all organisations to which they were affiliated.

On the negative side, the biased panel composition has to be mentioned. Although the search for participants was free of gender bias, we did not succeed in inviting female experts. Partly, this can be attributed to the lack of women in certain positions, and partly to unfavourable circumstances, as e.g. a female President of a senior organisation was ill at the time when the list of participants was being set up. Additionally, it turned up that not all participants were experts on the specific area of active ageing policy which we had assumed them to be. This caused an uneven balance of expertise in the four policy fields and sometimes hampered the discussion.

Another critical remark about the meeting concerns the course of the discussion, which was too loose in the second part of the meeting and did not always bring about tangible results. However, it had been a deliberate decision not to press the discussion too much into pre-structured trajectories (e.g. a rank of barriers and opportunities). After the brainstorming and SWOT analysis, when we had asked experts for concrete answers, we wanted to give the panellists the opportunity to talk freely and to elaborate more on questions of special interest. Although the moderator divided the discussion in the afternoon into four thematic areas and asked the participants to define 'SWOT strategies', or policy recommendations, this endeavour has not brought tangible results in all cases. E.g., in the field of pension policy, no strategy has been identified beside of a vague demand to change laws. Thus, the responsibility for active ageing policies in this field is seen as the purview of the legislator. In the other policy fields, which were represented by a larger number of experts, more strategies have been defined.

The policy recommendations mirrored in some cases the findings from our project. E.g., job rotation and personnel placement in line with the needs and the potential of workers of all ages had been identified as a crucial field of action already in Work Package 2 – „Active ageing and European labour markets“. This is not surprising, as some of the discussants were interviewed in earlier phases of the project. Certainly, a new element was the discussion on SOVA, as Germany did not participate in Work Package 5 dealing with self-organisation of the interest of the elderly and with voluntary work, and the „European dimension“, as European developments were reflected in Synthesis Reports but not in German national reports.

If the practicality of the policy recommendations developed in the four policy fields (see previous section) is analysed, it shows that many of those strategies are mere demands or wishful thinking and that they lack ideas for implementation. Moreover, many 'strategies' are rather definitions of problems and not solutions to them. To give an example: In the field of labour market policies, constant economic growth was given as the prerequisite for continued employment of older workers instead of releasing them on *Altersteilzeit*. That means, most of

the identified strategies to promote active ageing on the labour market are impracticable, unless this condition is fulfilled. An in-depth policy recommendation would require ideas how to fulfil this condition. A health care expert saw senior economy as a solution, which would be in the purview of the companies. Other solutions could be seen in the purview of the legislator whose responsibility is to 'induce growth' – this argument, had it been raised, would have ended the discussion, as there was no representative of the polity at the federal level present at the meeting with whom such a discussion could be led.

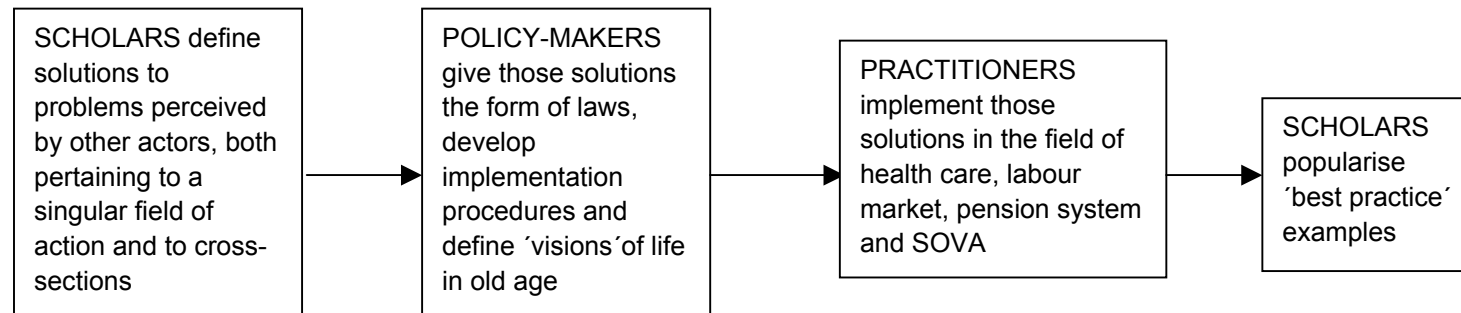
Equally unspoken, the legislator appears also as the player responsible for solutions defined in another field of active ageing policy, in the health care system (see previous section). „Better integration of institutions in the field of long-term care and health care“, „broadening the contribution basis to health insurance funds“, „focusing on the treatment of chronic diseases“ – all those strategies require action from the legislator. Other actors whom the experts regarded as responsible for the drawing up (but not for the implementation) of solutions, are scholars. According to the panellists, scholars should popularise 'best practice' examples of companies which hire older workers and have ageing-friendly working conditions, they should develop solutions how to keep older workers in work even in times of zero growth, and they should search for cross-sections between different policy fields in which concrete policy strategies could set in.

If the various opinions on active ageing policies are disentangled with regard to the actor perceived as responsible for the respective phase of the implementation process of active ageing policies, the sequence of action outlined in Figure 2 arises:

This desired sequence of action points to the complex nature of active ageing policies which require a co-operation of all parties. Accordingly, the discussion ended with a demand, voiced by a SOVA expert and a labour market expert, to search for cross-sections between policy-fields and to work in networks.

To sum up: the discussion revealed that many of the policy recommendations can not be implemented at the moment, because the political or economic preconditions are lacking. As unsatisfactory as this finding may be, this could on the one hand point to the unwillingness or lack of ideas on part of the practitioners to grasp all of the opportunities for implementation which are already there. (There were some examples from the health care and from enterprises given at the meeting which prove otherwise, at least in some areas.) On the other hand, the discussants may perceive a void of visions and solutions to perceived problems as the initial work has to be done by the scholars and the legislator. In this case, there is opportunity for improvement of active ageing policies as the discussion on those issues has, in the perception of the experts, only started in Germany.

**Figure 2: Process of implementation of active ageing policies**



## 7. ANNEX

### ***List of participants***

#### **University members**

- Prof. Dr. Karl Hinrichs, project co-ordinator
- Paula Aleksandrowicz, research fellow
- Gisela Hegemann-Mahltig, director of ZeS, as the moderator
- Antje Eichler, student assistant
- Bernd Müller, technical assistant (until lunch)
- Paul Nitschmann, technical trainee

#### **Invited experts**

- Dr. Winfried Hilbig, team director „vocational training“ and co-ordinator of the strategic initiative „Aging workforce“ at DaimlerChrysler AG, Bremen
- Jörn Hons, press officer at AOK Bremen/Bremerhaven (public health insurance fund)
- Ludger Klein, regional administrative director at the LVA Bremen-Oldenburg (public pension insurance carrier for blue-collar workers)
- Karl Lüneburg, second regional president of Sozialverband Deutschland e.V., regional office in Bremen (association providing consultancy and executing lobbying functions in favour of persons in need of social assistance and security)
- Dr. Stefan Pabst, referee on long-term care facilities at the welfare agency Arbeiter-Samariter-Bund, Hamburg
- Prof. Dr. Klaus Schömann, professor at the Jacobs Centre for Lifelong Learning and Institutional Development, International University Bremen (until lunch)
- Dr. Christian Seegert, manager human resources and labour relations and member of the „diversity council“ at Kraft Foods Deutschland GmbH, Bremen
- Dr. Christoph Steinbach, president of the Landesseniorenrat Niedersachsen e.V. (representation of senior citizens in regional governments)
- Christian Wienberg, CEO of the Bundesarbeitsgemeinschaft der Seniorenbüros, Hamburg (umbrella organisation of voluntary work placement and training agencies for older people)

Three of the nine invited experts have already participated in other work packages of „ActivAge“.

### ***Agenda of the expert discussion***

Place and date: Friday, May 27<sup>th</sup> 2005, at the Centre for Social Policy Research (ZeS)

9.30-10: Introduction

10.00-10:30: Brainstorming: What is active ageing?

10.30-10.45: Coffee break

10.45-12.00: SWOT analysis of the current active ageing policy

12.00-13.00: Lunch

13.00-14.30: Discussion of the results of the ActivAge project

Presentation of main results, comparison with the situation in other European countries, discussion with reference to the findings from the initial debate (initially, another coffee break was planned after lunch, but the participants preferred to work through)

## ***Description of used empirical methods***

### Brainstorming: What is active ageing?

The participants took turns in describing their understanding of the concept. The answers were written down on a flip chart.

Originally, it was planned to develop afterwards tangible goals to be reached in the four fields „labour market“, „pension system“, „health care“ and „voluntary activities of seniors“. Unfortunately, due to lack of time this plan had to be abandoned. This proved as a hindrance for the discussion after the lunch, when one participants said: *„Before we define strategies, we ought to know what the goals are.“*

### SWOT analysis of the current active ageing policy in Germany

The participants named the perceived strengths and weaknesses of German active ageing policies in the field of labour market, pension system, health care and voluntary activities of seniors. The answers were sorted on a pin board. In a second step, the experts mused on the barriers and opportunities for active ageing in Germany which stem from the European environment. The answers were sorted on a second pin board.

The original plan envisaged a subsequent definition of strategies to overcome weaknesses and to realise strengths. Due to lack of time, this item was postponed until the afternoon.

### Moderated discussion in the afternoon

Karl Hinrichs presented the results of our project, pointing also to developments in other European countries (see attachments „German consultation document“, which is however held in German, and „European dimension“). Afterwards, the participants discussed the findings. We asked them also to try to develop strategies on how to overcome weaknesses and realise strengths of active ageing policy in Germany, based on the results of the SWOT analysis in the morning. The participants also brought in own experience and examples from other European countries.

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**Kondensierte Ergebnisse des ActivAge-Projekts – Vorbereitung zur Evaluation am 27.  
Mai 2005 (Deutsche Fallstudie)**

Im Zeitraum 1960-2000 ist das Durchschnittsalter der deutschen Bevölkerung um fünf Jahre gestiegen. Die Gründe hierfür sind zum einen die gesunkene Geburtenrate, zum anderen die gestiegene Lebenserwartung. Das Jahr 2010 stellt einen Wendepunkt dar: Ab diesem Punkt wird die erwerbsfähige Bevölkerung in Deutschland kontinuierlich absinken (Graphik 1 im Anhang), die Altersgruppe 45-64 Jahre wird zahlenmäßig die Altersgruppe 25-44 Jahre übersteigen (Wolff 2000: 29-30). Parallel zum Rückgang der erwerbsfähigen Bevölkerung wird sich auch die Gesamtbevölkerung verringern. Zwischen 2010 und 2030 nimmt die Bevölkerungszahl der Deutschen von 83,1 Millionen auf 81,2 Millionen ab.

Seit Mitte der neunziger Jahre ist eine weitere Entwicklung zu beobachten. Der „Alterslastquotient“, gleichbedeutend mit dem Verhältnis der Personen im nachberuflichen Alter zu Personen im erwerbsfähigen Alter, ist im Aufwärtstrend begriffen. Im Jahr 2001 kamen auf eine Person über 60 Jahre mehr als zwei Personen im erwerbsfähigen Alter (Alterslastquotient von 43,9; Graphik 2). Im Jahr 2050 ist das Verhältnis fünf bis sechs Personen im erwerbsfähigen Alter zu vier Personen im nachberuflichen Alter (Quotient von 77,8).

Das gestiegene Durchschnittsalter der deutschen Bevölkerung schlägt sich nicht automatisch in einem höheren Alter der Erwerbstätigen nieder. Letzteres hängt von verschiedenen Faktoren ab: der Nachfrage nach Beschäftigten in höheren Altersgruppen, den Anreizen zum früheren Austritt aus dem Erwerbsleben, den individuellen Präferenzen der Arbeitnehmer und deren Gesundheitszustand. Ab der Altersgruppe 55-59 Jahre ist für Männer ein deutlicher Rückgang in der Erwerbsbeteiligung zu beobachten (Graphik 3). Insbesondere in der Altersgruppe 55-59 Jahre, 60-64 Jahre und 65 Jahre und mehr sind die Erwerbsquoten der Männer zwischen 1970 und 2000 stark gesunken. Waren im Jahr 1970 noch 72 Prozent der Männer im Alter 60-64 Jahre erwerbstätig oder arbeitslos, so waren das im Jahr 2000 nur 31 Prozent.

Bei den Frauen ist die Entwicklung nicht so eindeutig (Graphik 4). Zwischen 1970 und 2000 ist die Erwerbsbeteiligung der Frauen in den Altersgruppen unter 60 Jahren gestiegen. Dies ist eine Folge der geänderten Familienstrukturen und der gestiegenen Erwerbsneigung der Frauen. In der Altersgruppe 60-64 Jahre dagegen sank die Erwerbsbeteiligung der Frauen von 20,4 Prozent auf knapp 13 Prozent ab.

In den letzten hundert Jahren hat sich der Gesundheitszustand der Bevölkerung verbessert. Die Lebenserwartung ist stark gestiegen. Neugeborene konnten Anfang des letzten Jahrhunderts auf eine Lebenserwartung von 48,3 Jahre (Mädchen), beziehungsweise 44,8 Jahre (Jungen) hoffen (Graphik 5). Personen, die Anfang dieses Jahrhunderts geboren werden, blicken auf eine Lebensdauer von entsprechend 80,8 und 74,8 Jahren. Dies bedeutet auch, dass sich der Zeitraum des Bezugs einer Altersrente immer mehr ausdehnt. Im Jahr 1960 betrug die durchschnittliche Rentenbezugsdauer (Alters- und Erwerbsminderungsrenten) in den alten Bundesländern 10,1 Jahre. Im Jahr 2002 galt für ganz Deutschland die durchschnittliche Rentenbezugsdauer von 16,6 Jahren (VDR 2003: 132).

Die folgende Übersicht über unsere Projektergebnisse zeigt die Chancen und Hindernisse für aktives Altern in verschiedenen Politikfeldern auf. Generell ist mit dem Begriff „Senioren“ und „ältere Menschen“ die Altersgruppe ab der Verrentung gemeint. Unter „älteren Arbeitnehmern“ verstehen wir, in Anlehnung an die Initiative der Bundesagentur für Arbeit „50 plus“, männliche und weibliche Beschäftigte ab dem 50. Lebensjahr bis zur Verrentung.

2. AKTIVES ALTERN, ARBEITSMARKT und RENTENSYSTEME	
HINDERNISSE	CHANCEN
<p><b>Einseitig geführte Debatte:</b> In der politischen Diskussion um Frühverrentung ist das Interesse klar auf eine Eindämmung der Möglichkeiten zum früheren Ausstieg gerichtet, u.a. durch Schließen der Frühverrentungspfade und Rentenabschläge. Dabei wird der Sachverhalt ausgeklammert, dass ein längerer Verbleib der älteren Beschäftigten im Erwerbsleben adequate Arbeitsbedingungen und Möglichkeiten zur kontinuierlichen Weiterbildung verlangt.</p>	<p><b>Diskussion über demographischen Wandel:</b> Die Sorge um die Finanzierbarkeit der Sozialversicherung lenkt die Aufmerksamkeit der Medien und Politiker auf die gesunkene Erwerbsbeteiligung älterer Arbeitnehmer. Zur Folge hat dies verschiedene Aktivitäten, z.B. die Initiative "50 plus" der Bundesanstalt für Arbeit, die "Öffentlichkeits- und Marketingstrategie Demographischer Wandel", sowie die Verbreitung von "best practice"-Beispielen aus Unternehmen. Gleichzeitig besteht das Risiko, dass das Interesse von kurzer Dauer ist, da die Diskussion unter ökonomischen Vorzeichen geführt wird.</p>
<p>Lange Zeit bestand ein Konsensus zwischen der Bundesregierung, den Arbeitgeberverbänden und den Gewerkschaften, dass die <b>Ausgliederung der älteren Arbeitnehmer ein sinnvolles Instrument zur Bekämpfung der Jugendarbeitslosigkeit</b> darstellt. Von diesem Konsensus wurde erst Mitte der Neunziger Abschied genommen.</p>	<p><b>Arbeitsmarktreformen:</b> Die Kürzung der Bezugsdauer für Arbeitslosengeld I und die strikteren Regeln für die Arbeitssuche könnten Bewerber über 50 dazu verleiten, nach Verlust eines Arbeitsplatzes rascher nach einem Job zu suchen, ohne vorher die Abfindungszahlungen aufzubreuchen. Zudem sind ältere Mitarbeiter möglicherweise weniger gewillt, das Unternehmen vor dem Renteneintrittsalter zu verlassen, um Arbeitsplätze für jüngere Mitarbeiter zu sichern. Es besteht allerdings die Gefahr des sozialen Abstiegs von älteren Beschäftigten, die eine Rückkehr in den Arbeitsmarkt nicht bewerkstelligen können.</p>
<p><b>Wirtschaftliche Situation:</b> Die gegenwärtige Situation wirtschaftlicher Stagnation und hoher Arbeitslosigkeit trägt nicht zu einer Neudefinition dieses Konsensus bei. Betriebe, die eine Reduktion der Belegschaften vornehmen, schöpfen in erster Linie die Möglichkeiten zum "sozialverträglichen" Abbau aus, und ältere Mitarbeiter stimmen dem aus Solidarität mit jüngeren Kollegen zu. Tarifverträge enthalten immer noch Regelungen zum früheren Austritt aus dem Erwerbsleben.</p>	<p><b>Rentenreformen:</b> Durch die Rentenreformen, die seit Ende der 90er Jahre stattfinden, wurden Schritte unternommen, die den Trend zur Frühverrentung stoppen sollen. So ist ab dem Jahr 2008 die Altersrente nach Arbeitslosigkeit oder Altersteilzeit erst ab dem 63. Lebensjahr zugänglich.</p>
<p><b>Frühverrentungskultur:</b> Die Möglichkeit, in einen früheren Ruhestand zu treten, wird von den Arbeitnehmern als angestammtes Recht empfunden, und die Widerstände sowohl bei den Arbeitnehmern wie bei den Gewerkschaften gegen eine Rücknahme dieser Privilegien sind stark. Viele Arbeitnehmer haben noch nicht</p>	<p><b>Demographischer Wandel:</b> Für die mittelfristige Zukunft (ab 2020) wird ein Mangel an qualifizierten Nachwuchskräften vorausgesagt. Dies könnte eine Chance für diejenigen Arbeitnehmergruppen bedeuten, die bisher am Arbeitsmarkt selten nachgefragt wurden, wie die Arbeitnehmer über 50 Jahren.</p>

realisiert, dass Altersteilzeit ein Auslaufmodell ist, und sind weiterhin auf einen Ausstieg im Alter von 60 Jahren hin orientiert. Dies könnte auch ihre Bereitschaft behindern, in dass eigene berufliche Fortkommen und Qualifikation zu investieren.	
<b>Negative Vorstellungen über ältere Arbeitnehmer:</b> Personalverantwortliche betrachten ältere Arbeitnehmer als unflexibel, unmotiviert, nicht lernfähig und weniger leistungsfähig betrachtet.	<b>Steigendes Bildungsniveau und bessere Gesundheit:</b> Die nachfolgenden Alterskohorten verfügen über höhere Bildungsabschlüsse. Dies lässt erwarten, dass die nächste Generation der Arbeitnehmer "50 plus" auf dem Arbeitsmarkt stärker nachgefragt wird. Zudem sind die nachfolgenden Kohorten gesünder, so dass sie den psychischen und physischen Anforderungen eines längeren Erwerbslebens besser gewappnet sind.
<b>Ältere Mitarbeiter als Investitionsrisiko:</b> Betriebe stellen ungern Mitarbeiter ein, die 10 oder weniger Jahre vor der Rente stehen. Die Nutzungsdauer der Bildungsinvestitionen der Betriebe wird als zu kurz angesehen.	<b>"Seniorenwirtschaft"/Ältere Konsumenten:</b> Die ältere Generation gehört im Schnitt zu den reicheren Einkommensschichten. Zudem werden ältere Personen als Konsumenten entdeckt. Die weckt auch die Nachfrage nach älteren Beschäftigten als Anbietern der Produkte und Dienstleistungen an gleichaltrige und ältere Konsumenten.
<b>Niedriges Bewusstsein der Betriebe für den demographischen Wandel:</b> Dort, wo sich die Betriebe auf den demographischen Wandel eingestellt haben, geschieht das in der Regel in Form einer gezielten Anwerbung von jüngeren Arbeitnehmern, einer Verjüngung der Belegschaft und einer Sicherung der Weitergabe von Wissen von den Älteren auf Jüngere. Langfristig angelegte Maßnahmen, die Ältere befähigen würden, ihre Aufgaben bis zum Rentenalter zu erfüllen, genießen eine niedrige Priorität. In vielen Betrieben werden Schonarbeitsplätze abgebaut, was die Rehabilitation von insbesondere älteren Arbeitnehmern nach einer Krankheitsphase erschwert. Zudem werden alternsgerechte Maßnahmen von vielen Betrieben als Luxus angesehen, der besonders in Zeichen von Rezession nicht tragbar ist. Eine öffentliche oder politische Diskussion könnte die Frage aufgreifen, wie sich dieses Denken überwinden lässt.	<b>Kündigungsschutz:</b> Der in Tarifverträgen festgelegte Kündigungsschutz für Arbeitnehmer ab einem bestimmten Alter und mit einer langen Unternehmenszugehörigkeit schützt sie davor, bei Stellenabbau ohne finanzielle Absicherung und mit geringen Chancen, eine erneute Stelle zu finden ausgegliedert zu werden. Dies wirkt nicht als Barriere für die Einstellung neuer Mitarbeiter, da laut "Hartz I" neu eingestellte Mitarbeiter ab 52 Jahren ohne Angabe von Gründen befristet eingestellt werden können. Diese Regel gilt im Zeitraum 2003 bis Ende 2007.



<p><b>Arbeitsmarktreformen:</b> Durch die Einführung der 1-Euro-Jobs besteht die Gefahr, dass die ABM-Jobs, die bei über 55-Jährigen bis zu drei Jahren gefördert wurden, aus dem Blickpunkt des Interesses rücken. Damit schwindet die Chance auf eine Übernahme in ein festes Arbeitsverhältnis.</p>	
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3. AKTIVES ALTERN UND GESUNDHEITSSYSTEM	
HINDERNISSE	CHANCEN
<p><b>Unterdurchschnittliche Lebenserwartung:</b> im internationalen Vergleich liegt Deutschland bei der Lebenserwartung im Mittelfeld, im europäischen Vergleich unter dem Durchschnitt.</p>	<p><b>Anstieg der Lebenserwartung und der ferneren Lebenserwartung im Alter von 60 Jahren:</b> In den Nachkriegsjahren konnten 60-jährige Männer und Frauen im Durchschnitt auf weitere 16,2 (Männer) und 17,5 (Frauen) Lebensjahre hoffen. Die heute 60-Jährigen haben eine fernere Lebenserwartung von 19,2 Jahren (Männer) und 23,5 Jahren (Frauen) (Stat. Bundesamt 2003: 16). Gleichzeitig stieg die aktive Lebenserwartung an, die impliziert, dass Personen selbständig tägliche Vorrichtungen erledigen können und ihren Tagesablauf selbständig planen können. Der Diskussion um die steigende Alterslast zum Trotz ist der wachsende Anteil älterer Menschen auch ein Indikator dafür, dass die Menschen länger gesund leben.</p>
<p><b>Medikalisierung des Alters:</b> Aufgrund der fehlenden geriatrischen Kompetenz vieler Ärzte wird alterstypisches abweichendes Verhalten per se als krank angesehen. Als Folge davon erhalten ältere Patienten Arzneien, die ihre Lebensaktivität dämpfen und die sie "anpasslerisch" machen.</p>	<p><b>Neue Trends in der Versorgung älterer Menschen:</b> Vor allem im Bereich des Wohnens gibt es neuartige Konzepte, wie "Alt und Jung unter einem Dach", Dementen-WGs, betreutes Wohnen und andere Wohnformen, die zwischen ambulanter und stationärer Versorgung angesiedelt sind. Dadurch erhalten alte Menschen eine ihrem Alter angepasste Form von Versorgung.</p>
<p><b>Einseitige politische Debatte:</b> Demographischer Wandel wird mit der steigenden "Alterslast" assoziiert. Die aktuelle Konjunkturschwäche verschärft die Debatte. Gesundheitsexperten nutzen dieses "Totschlagargument" in der politischen Diskussion, um die Debatte auf die Fragen der Finanzierbarkeit und Kostendämpfung</p>	<p><b>Zuzahlungen bei Inanspruchnahme von Gesundheitsleistungen:</b> Da Ältere den Arzt häufiger aufsuchen, entrichten sie häufiger die Praxisgebühr und Zuzahlungen für Medikamente. Dies kann zu einem dazu führen, dass sie nicht mehr als "Finanzierungslast" des deutschen Gesundheitswesens gesehen werden. Zum</p>

zu fokussieren. Zu wenig Beachtung genießt dabei die Frage der Leistungsqualität.	anderen fehlen älteren Patienten dadurch die finanziellen Mittel, die sie für selbstbestimmte Aktivitäten einsetzen könnten, z.B. für Reisen.
<b>Vereinsamung wird zunehmen:</b> Da 30% der Menschen der Jahrgänge 1960-65 kinderlos bleiben, werden sie im Alter, vor allem bei Tod des Partners, weitgehend isoliert sein.	<b>Fokus auf Prävention:</b> Das Gesundheitsministerium hat einen Entwurf zum Präventionsgesetz erarbeitet. Wenn diese Säule des Gesundheitswesens mit finanziellen Mitteln ausgestattet wird, können präventive Maßnahmen, wie Gesundheitskurse, Programme zur Vorbeugung von Muskel-Skelett-Erkrankungen u.a., zum aktiven Altern beitragen.
<b>Zu enges Verständnis von medizinisch notwendigen Leistungen:</b> Lebensqualität ist kein Ziel innerhalb des deutschen Gesundheitswesens. Beispiel: niedriger Standard der Schmerztherapie in Deutschland; Ausrichtung der Therapie von Diabetikern auf Vermeidung der Unterzuckerung, ohne dass Patienten Beratung erhalten, wie sie selbständig und angstfrei verreisen können.	<b>Kulturelle Veränderungen:</b> Die 60-70-Jährigen sind mehr an aktivem Leben interessiert als ältere Jahrgänge. Sie interessieren sich für gesunde Ernährung, für Reisen, sind politisch aktiv und verfügen zudem über bessere materielle Ressource, um ihre Vorstellungen in die Tat umzusetzen. Der nächsten Generation der Senioren sagen die Experten noch bessere Chancen für ein aktives Alter voraus. Zu dieser Sichtweise berechtigt das höhere Bildungsniveau der nachfolgenden Generationen.
<b>Soziale Ungleichheit:</b> Das Gesundheitssystem ist eine "Mittelschichtsveranstaltung". Sozial benachteiligte Personen werden oft von bestimmten Kampagnen, die z.B. gesünderes Essen propagieren, nicht erreicht. Diese Schieflage wird durch die sozialschichtsabhängigen Bildungschancen verstärkt, die eng mit Gesundheitschancen verknüpft sind. Soziale Ungleichheit schlägt sich jedoch in schlechterer Gesundheit und kürzerer Lebenserwartung nieder.	

<b>4. AKTIVES ALTERN UND SELBST ORGANISIERTE AKTIVITÄTEN</b>	
<b>HINDERNISSE</b>	<b>CHANCEN</b>
<b>Fehlender geriatrischer Sachverstand:</b> Das Thema Alter ist in der deutschen Politik personell nicht vertreten; an der Spitze des Bundesministeriums für Familie, Senioren, Frauen und Jugend steht nicht eine Person, die geriatrischen Sachverstand hat (wie eine der früheren Seniorenministerinnen, Frau Ursula Lehr).	Institutionelle Verankerung der Möglichkeit zum ehrenamtlichen Engagement in Gestalt der <b>Seniorenbüros</b> .
Seniorenvertretungen auf kommunaler Ebene üben <b>wenig Einfluss</b> auf die lokale Politik aus, da die kommunalen Verordnungen eine aktive	Möglichkeiten der Senioren zur Verwirklichung ihrer politischen Vorstellungen in den <b>Senioren-Vereinigungen innerhalb der politischen</b>

Teilnahme der nicht gewählten Mitglieder an politischen Entscheidungen nicht zulassen.	<b>Parteien</b> (Seniorenunion, SPD 60 plus, Liberale Senioren (seit 2001), Grüne Alte (seit 2004), Seniorenarbeitsgemeinschaft der PDS) und in den kommunalen Seniorenräten und Landesseniorenvertretungen.
An der Ausarbeitung deutschen Seniorenpolitik sind die Seniorenorganisationen am wenigsten beteiligt. Dies könnten an den <b>heterogenen Interessen</b> der älteren Menschen in Deutschland liegen (Meinung von Prof. Naegele im ActivAge-Interview in 2003).	<b>Höheres politisches Interesse</b> der Über-65-Jährigen als in den anderen ActivAge-Ländern (und leicht höheres als die anderen Altersgruppen in Deutschland) und rege Nutzung der Informationsmedien. Bis über das 70. Lebensjahr hinaus nehmen ältere Menschen genauso häufig an Wahlen teil wie der Durchschnitt der Bevölkerung.
<b>Fehlende Lobby:</b> Es gibt keine vergleichbare große Senioren-Lobby wie AARP in USA, es fehlt also an einer starken politischen Vertretung der Interessen aller Senioren.	<b>Hohes gesellschaftliches Potential der Senioren:</b> Eine Untersuchung des Bundesseniorenministeriums aus dem Jahr 1999 kam zu dem Ergebnis, dass ein Viertel der Personen im Alter von 60 Jahren und mehr sich ehrenamtlich engagiert (BmFSFJ 2001). Dies bildet ein bedeutendes Potential, das zum Wohle der Älteren und der Gesellschaft ausgeschöpft werden kann.
<b>Zersplitterte Interessenvertretung:</b> Die Senioren-Vereinigungen innerhalb der politischen Parteien behindern eine integrative Sicht auf die Seniorenpolitik und gestehen den Älteren häufig nur Kompetenz in Fragen von Rentenpolitik und Pflegepolitik zu.	<b>Bedeutung von Bildung:</b> Die gleiche Untersuchung, sowie die Ergebnisse des oben zitierten European Social Survey (2002) zeigen, dass die Bereitschaft, sich zu engagieren, mit dem Bildungsniveau steigt. Insofern bieten Initiativen, die die Qualifikation der Älteren steigern, eine Chance für mehr selbst-organisierte Aktivitäten und freiwilligen Mitarbeit. Ein Bsp. für solche Ansätze war das Multiplikatorprogramm des Ministeriums "Erfahrungswissen für Initiativen".
<b>Niedrigere Aktivität der älteren Frauen:</b> Aktivität in politischen Parteien oder in Organisationen, die sich mit Wissenschaft und Bildung beschäftigen, nimmt zwar mit dem Alter bei den deutschen Männern zu (bzw. bleibt im letzteren Fall konstant), aber bei den deutschen Frauen ab. Dies reduziert die Chance der älteren deutschen Frauen, am gesellschaftlichen und politischen Leben teilzunehmen und für die eigenen Interessen einzustehen.	

## **Allgemeine Schlussfolgerungen**

Die Politik hat das Thema "demographisches Altern" in Deutschland Anfang der neunziger Jahre entdeckt. Im Jahr 1992 rief der Bundestag die Enquête-Kommission "Demographischer Wandel – Herausforderungen unserer älter werdenden Gesellschaft für den Einzelnen und die Politik" ins Leben. Die Kommission war bis 2002 tätig und publizierte in dieser Zeit drei Berichte. Sie befassten sich mit der ökonomischen Situation der Menschen, mit den Wohnbedingungen, dem Gesundheitsstatus, dem Zustand der Pflege, mit familiären und sozialen Netzwerken, dem Arbeitsmarkt und den sozialen Sicherungssystemen. Die publizistische Tätigkeit der staatlichen Organe umfasst auch die "Altenberichte", die ebenfalls seit 1993 in mehrjährigen Intervallen erstellt werden. Im neuen Bericht wird das Thema "Potentiale des Alters" behandelt. Die Politik greift jetzt auch verstärkt das Thema des "aktiven Alterns" auf (siehe Pressemitteilung im Anhang).

In der Praxis haben diese Berichte nicht viel bewirkt. Der Gerontologie-Professor Gerhard Naegele, der im Jahr 2003 für das Projekt interviewt wurde, bedauert, dass die Berichte der Enquête-Kommission nicht mal eine öffentliche oder gar parlamentarische Debatte in Gang gebracht haben. Ein Interviewpartner aus dem Bundesseniorenministerium ist der Ansicht, dass erst ein externer Druck zur praktischen Umsetzung der Handlungsempfehlungen führen würde.

Derzeit bestimmt das "Diktat der leeren Kassen" und die Rezession die Diskussion um den demographischen Wandel. Die Diskussion ist dominiert von der Sorge um die Finanzierbarkeit der sozialen Sicherungssysteme. Entsprechend liegt der Schwerpunkt der politischen Maßnahmen, die eine Antwort auf den demographischen Wandel sein wollen, auf der Heraufsetzung des faktischen Renteneintrittsalters und auf der Eindämmung der Ausgaben im Gesundheitswesen. Ein weiterer Strang der Regierungsaktivitäten zielt auf die Aktivierung des gesellschaftlichen Potentials der Senioren. Dies geschieht in Form der Seniorenbüros, die ehrenamtliches Engagement der Senioren fördern und "Erfahrungswissen für Initiativen" vermitteln. Die ersten Seniorenbüros sind in einem Modellprojekt des Bundesseniorenministeriums entstanden.

Insgesamt lässt sich feststellen, dass die Politik für ältere Menschen fragmentiert ist. Es gibt keine konsistente staatliche Strategie. Die einzelnen Maßnahmen sind über einzelnen Ministerien und Politikfelder zersplittert – das Ministerium für Familien, Senioren, Frauen und Jugend, das Ministerium für Wirtschaft und Arbeit, das Ministerium für Gesundheit und soziale Sicherung. In einem kleineren Umfang ist auch das Ministerium für Bildung und Forschung, das Verkehrs- und das Finanzministerium an der Ausgestaltung der Politik beteiligt, die ältere Menschen betrifft. Neben der horizontalen Zersplitterung in Politikfelder ist auch eine vertikale Zersplitterung beobachtbar. Der Bundestaat, die Bundesländer und Kommunen haben hier unterschiedliche Zuständigkeiten.

Problematisch ist auch, dass die Politik und die Medien ältere Menschen als heterogene Gruppe betrachtet. Nötig wäre aber eine differenzierte Sichtweise, die verschiedene Bedürfnisse und Interessen dieser Personen je nach Schichtzugehörigkeit, (früherem) Beruf, familiärer Situation, finanzieller Situation, politischer Affinität, dem Wertekanon/religiöser Zugehörigkeit und einem eventuellem Migrationshintergrund berücksichtigt. Zudem kann nicht vom "Alter" als solchem gesprochen werden. Aufgrund der steigenden Lebenserwartung, des besseren Gesundheitszustandes und des niedrigen Renteneintrittsalters ist es in den letzten Jahrzehnten zu einer zeitlichen Ausdehnung der Altersphase gekommen. Diese Altersphase kann heute sogar bis zu 50 Lebensjahre umfassen. In der Wissenschaft ist die Unterscheidung in die "jungen Alten" (über 60 Jahre), "die Mittelalten" (über 70 Jahre) und die "alten Alten", bzw.

die Hochaltrigen (über 80 Jahren) verbreitet. Nötig wäre, dass auch die Politik diese Unterscheidung aufgreift und entsprechende Angebote für jede dieser Lebensphasen unterbreitet.

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## **„European dimension“ document**

*only the figures were sent out to experts beforehand*

### **European Dimension of Active Ageing**

#### **Main conclusions from WP1-5**

#### General Conclusions<sup>5</sup>

Active ageing is not a very important policy issue across Europe. In all countries of our project<sup>6</sup> (with the exception of Finland and Norway), it is a political backwater. In all these countries policy actors are claiming to be committed to implementing an active ageing policy agenda, but this commitment would seem arguable. Nonetheless, polities in many European countries (e.g. Germany, Austria, Czech Republic) have devoted some administrative capacity to ageing policy-making. Responsibilities for active ageing policy-making are scattered across policy domains as divergent as adult education, local social service provision and labour market administration. Again, with the exception of Finland, whose structured national programmes on ageing are exemplary, none of the countries co-ordinate these divergent strands of policy – making. It is rather eclectic mix of policy measures and initiatives.

In none of the countries have political parties designed to represent the interests of older people (e.g. in Finland, Poland, the Czech Republic, Germany) succeeded in elections.

#### Labour Market<sup>7</sup>

In comparison between the ten ActivAge (AA) countries, Norway and Switzerland stand out with the highest employment rate of the 55-64-year-olds, while Poland, Austria and Italy rank last (figure 7).

Only Finland and Norway have a national active ageing programme, which however concentrates solely on labour market issues. In Norway, the Centre for Social Policy is responsible for the coordination of the Government's National Initiative for Senior Workers. The Initiative is part of a strategy aimed at the top management of all the major unions, employers' associations and relevant government agencies. The purpose is to make individuals, companies and politicians aware of the benefits of being adaptable in the workplace as an increasing proportion of the workforce is ageing.

Regarding labour market policies in the other countries, it appears that Switzerland and Austria rely on a very market-orientated policy with main focus on a flexibilisation of the labour market. One reason is that the unemployment rate of older workers is not high in these countries. Germany exhibits high unemployment of older workers, which the new policies are targeted to lower. In the new EU member countries like Poland, the question of longer activity on the labour market is starting to attract public interest.

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<sup>5</sup> based on Steven Ney's "Active Ageing Policies in Europe: Between Institutional Path Dependency and Path Departure. WP1 - Synthesis Report", January 2004

<sup>6</sup> Austria, Czech Republic, Finland, France, Germany, Italy, Norway, Poland, Switzerland, UK.

<sup>7</sup> Based on Hannu Piekkola's „Synthesis Report Finland: Active Ageing and the Labour Market”

## Pension System – What hinders older persons to work until retirement and to prolong their working life, and what enables it?

### *Barriers*

In countries still facing high unemployment and economic downturns, firms that reduce their workforce concentrate on older persons because of ingrained beliefs about their lower efficiency and exercise “moral pressure” on them to facilitate or maintain jobs for younger persons.

In countries where an “early retirement culture” had been established all relevant actors are reluctant to change practices and expectations. Particularly workers close to retirement and trade unions interpret attempts to break with an “early retirement culture” as an assault on vested rights.

Pension reforms have not completely removed early retirement options in public schemes, and if early exit pathways were tackled they will phase out only gradually.

Continuing employment after reaching the respective standard retirement age has not become a cultural pattern yet in all countries. Labour force participation after that age usually contradicts assumptions about the proper role of older persons.

In the case of women several factors impede a substantial increase of their factual retirement age: a) Due to, on average, lower wages the pension increments from working longer are not substantial and thus constitute no strong incentive. b) Where the lack of social services hinder a simultaneous combination of employment and family tasks, older women more or less willingly seek early exit from paid work in order to take care of grandchildren and frail relatives. c) Since wives are regularly about two years younger than their husbands, very often, they prefer to retire at the same time as their husbands do.

Despite socially desired statements of human resource managers that older workers are no less productive and they do not discriminate against them, actually, they do not encourage older workers to participate in training measures. Such behaviour may be based on the assumption that the return on such investment in older workers’ human capital will be low, not the least because one expects them to leave the firm at the earliest possible date.

Additionally (and in some countries enhanced by the absence of labour scarcity), firms rarely take every useful measure to preserve the health and well-being of their workers so that they are able to perform their accustomed (or an “age-adequate”) job until reaching statutory retirement age. The high share of disability pensions granted in a number of countries is a clear proof, although high figures may also result from not very well developed or effective rehabilitation programs.

### *Opportunities*

A generally rising demand for labour is the most important lever to also improve the employment opportunities for older workers. It helps to redirect firms’ strategies towards the older part of their workforce as they become more keen to recruit and/or retain workers who had only meagre chances to be (re-)employed until reaching statutory retirement age.

Improved skill levels and a better health status of succeeding cohorts of workers approaching the later stage of their employment career imply that, in terms of their mental and physical capacity, they are better equipped to work longer. Such amelioration is also a precondition for successfully reintegrating or maintaining older workers in the labour force in times of an upsurge in labour demand. Insofar, Finland offers a good example.

Inasmuch as pension reforms lead to lower replacement ratios, and extended options for flexible retirement imply permanently reduced benefits if claimed before reaching a certain reference age, older workers have an incentive to work longer in order to attain the aspired standard of living during retirement. Those curtailments in the level of economic security should also heighten their resistance against pressures exerted by employers (and colleagues) to terminate employment as early as possible.

Better protection of older workers against dismissals (either legislated or agreed upon in collective agreements) seem to be a double-edged sword. It may help them to withstand aforementioned pressures but, at the same time, diminish their chances for re-employment if loosing the job before the protection clauses become effective.

Societal, scholarly and media discourses on demographic ageing and active ageing have already contributed to a heightened awareness of the concomitant problems and potential remedies. The collection and dissemination of “best practice” examples of how to keep older workers in employment for more years may also further the level of knowledge about adequate coping strategies. However, it remains unclear to what extent firms are or will be actually encouraged to emulate those “best practices” but, at least, such dissemination strategy should not be harmful.

As older workers learn from experiences of relatives, former colleagues and others that a complete disengagement from the social sphere of economic activity during a prolonged period of healthy retirement is not an unequivocally positive one and, moreover, see colleagues of about the same age increasingly postponing their retirement, those perceptions might probably change preferences which, initially, were focused on a very early exit. An optimistic notion would be that such preference change induces a virtuous cycle resulting in modified actual retirement patterns – be it later exit in general or more part-time employment also beyond statutory retirement age. However, whether preferences change in the first place should be to a great extent contingent on the individual suffering from work or one’s physical/mental ability to continue working.

## Health Care<sup>8</sup>

The AA countries were arranged into four groups according to whether they had:

- A) High healthy life expectancy and relatively low health care spending (Norway, Austria, Finland, Italy, UK)
- B) High healthy life expectancy and relatively high health care spending (France, Germany, Switzerland)

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<sup>8</sup> Based on Leslie Mayhew’s and Benedict Lee’s WP 4 Synthesis Report – “Active Ageing and Health – A Comparative Analysis of 10 European Countries”, 2005.



### C) Relative low healthy life expectancy and relatively low health care spending (Poland, Czech Republic)

We found there were no cases among the ten countries of a country with low healthy life expectancy and high health spending. On the other hand there was some overlap in terms of the perceived barriers to active ageing and grouping by category, although not every barrier was present in every country within a group.

In category A countries, concern was expressed about health inequalities, which were due to variations in income and lifestyles rather than to the absolute level of health spending or access to services. These were seen as a barrier to active-ageing and further general health improvements, especially in the UK – not only between income groups but also regions. Norwegian experts argued that the key to active ageing was to provide access to the appropriate services whatever the condition of the individual. With finite resources for health care, it was important to have a clear set of priorities and some times older age groups lost out. Particular threats to health among all adults included smoking, but also emergent threats such as diabetes and increased heart disease resulting from poor diet and obesity. Concern on these topics was especially apparent in the UK, which is now beginning to take more effective action. In Austria, apart from general barriers noted above, specific barriers included a perceived imbalance of political power between different stakeholders, leading to fragmented policy making and a lack of political will to implement necessary measures. Negative image of ageing and old-age within society but also a limited understanding of the transversal nature of active ageing.

In category B countries, Switzerland identified stress related illness caused by overwork as being an important barrier to active ageing; discrepancies between health status, which is high, and psycho-social status among old people (leading to a high suicide rate, loneliness) was another potential barrier to active ageing. Whether this situation was an individual or collective responsibility was not clearly defined by experts. In Germany, 'over-medicalisation' in the treatment of older people to make them 'more compliant' was seen as a barrier to active ageing, whereas the right aim it was argued should be to improve quality of life. There was also too much emphasis on 'performance and effectiveness' because of the high cost of medical care which disproportionately affected older people.

Despite its high level of expenditure on health care and the relatively high life expectancy of most of its population, France identified geographical, social and gender inequalities as being among the most important barriers to active ageing. Among females, France had the third fewest loss of life years, but among males it had the third worst. Suicide among older people, as in Switzerland, was also seen as a major problem. It also noted barriers arising from the difficulty of co-ordinating services effectively for older people and shortages of professional workers in this area. Finally, France identified the role of prevention noted several important changes in policy at the national level. It instanced the greater restrictions on the sale and use of alcohol, but at the same time noted the influence of corporate interests in limiting their scope. In category C countries, shortcomings in public health legislation were regarded as a major barrier, especially in Poland. Furthermore, responsibilities for public health were fragmented and uneven. Long-term care was in short supply and there were shortages of services and nurses for older people. In the Czech Republic, the general consensus was that 'ageing' had not yet been sufficiently identified as an issue; there was a lack consistency in health reforms leading to lack of co-ordination, inefficiency etc. Insufficient attention was paid to prevention and "looking after one's health proves to be more expensive than getting ill"; information systems were

inadequate; the system of occupational health was deteriorating; while in terms of finance health insurance system were seen as containing perverse incentives.

### Self-oriented voluntary activities (SOVA)<sup>9</sup>

SOVA are prepared and implemented by and for older people. This is a different approach than the top-down initiatives prevalent in the other sectors of AA policies. The analysis of the harmonised European Social Survey across the 10 AA countries revealed that the countries differed with regard to the interests of older people (aged 65 years and more), their attitudes and the participation of older people in voluntary activities.

**"Political disappointment":** In all 10 countries older persons are more disappointed about the policy and the politicians than the member of younger age groups. Pertinent differences are very strong in Scandinavian countries and also in Switzerland as countries with the weakest general political disappointment. The political satisfaction/disappointment in these countries is "age-selective" and in contrast to the perceptions of younger generations. On the other hand the differences between the age groups are not so strong in countries with strongest general disappointment (Poland, Czech Republic and Italy).

**"General happiness":** In Italy, France, Poland and Czech Republic the feeling of general happiness and satisfaction is diminishing in the course of life whereas in other countries with a commonly higher level of general happiness (Norway, Finland, Switzerland) this phenomena does not occur. GB seems to be the only European country in which older persons in the age group of 65+ are generally happier in higher age than the younger ones.

**"Perceived state of health":** Across the ten AA countries, there are very large differences in the subjective state of health - Switzerland and Great Britain are at the top and Czechs and Poles feel worse - with a general European pattern of a strong increase of complaints and negative self-perceptions in the course of life and specially after the age of 50 years. This increase is however less steep in Scandinavian countries, Switzerland and Great Britain and much stronger in Germany, Italy and - above all - in Poland and Czech Republic.

**"Participation index":** This index, calculated for twelve different spheres of collective activity<sup>10</sup>, was computed for six countries only, since the pertinent ESS-questions were not posed in Switzerland and Czech Republic, but for the remaining eight countries there is a general pattern of a decreasing participation and activity in the course of life which is some countries continuous and in some others like Finland and UK starting only at the age of 65 and more. A second prominent finding are the huge differences in general participation levels with Norway and Great Britain at the top and Poland and Italy having the least active population.

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<sup>9</sup> based on econcept (Arend, Michal; Gsponer, Gabriele; Baur, Martin), 2005: „Active Ageing Initiatives of Older People in Civil Society“. Vienna: ICCR.

<sup>10</sup> Sport/Aktivitäten im Freien, Kultur/Hobby, Gewerkschaftsarbeit, Geschäftsthemen, Konsumentenangelegenheiten/Autos, humanitäre Arbeit, Umwelt/Frieden/Tiere, Religion, politische Partei, Wissenschaft/Bildung, Klubs/soziale Treffpunkte und andere gemeinnützige Organisationen.

## What future for Europe?

The Communication of the European Commission “Towards a Europe of All Ages” was an input to the UN International Year of Older Persons.<sup>11</sup> It identified the challenges of the ageing process to the supply of labour force, the retirement system, the health system and equality of living conditions and suggested adequate policy responses. Those included

- combatting unemployment and increasing the employment rate in Member States on a lasting basis;
- exploring new forms of gradual retirement, making pension schemes more sustainable and flexible and reversing the trend towards early retirement;
- developing research on the interaction between ageing and public health and old-age care;
- combatting discrimination and social exclusion, especially at the workplace.

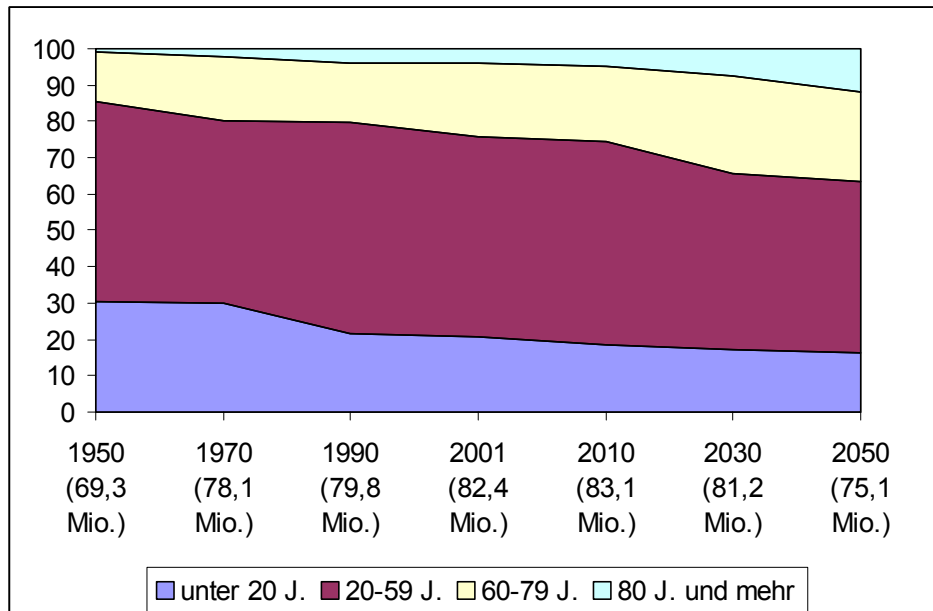
Depending on how successful the Member State will be in policy implementation, Europe could arrive at a stage of “age diversity”, versus “age antagonism”; in the latter case the result would be not a “Europe for All Ages”, but rather a “Europe for the Youth” or “Europe for the Middle-Aged”.

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<sup>11</sup> Commission of the European Communities, 1999: *Towards a Europe for All Ages - Promoting Prosperity and Intergenerational Solidarity*. Communication from the Commission, Brussels.

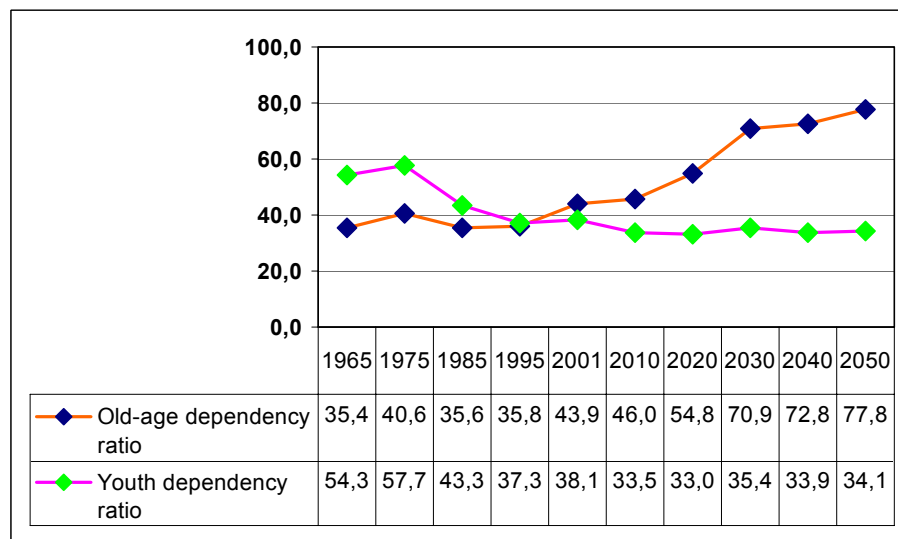
**Figures attached to German consulation document and „European dimension“ document<sup>12</sup>**

**Figure 1: Age structure of German population in per cent, 1950-2050**



Source: Statistisches Bundesamt (2003: 31)

**Figure 2: Youth and old-age dependency ratio 1970-2001 and prognosis**



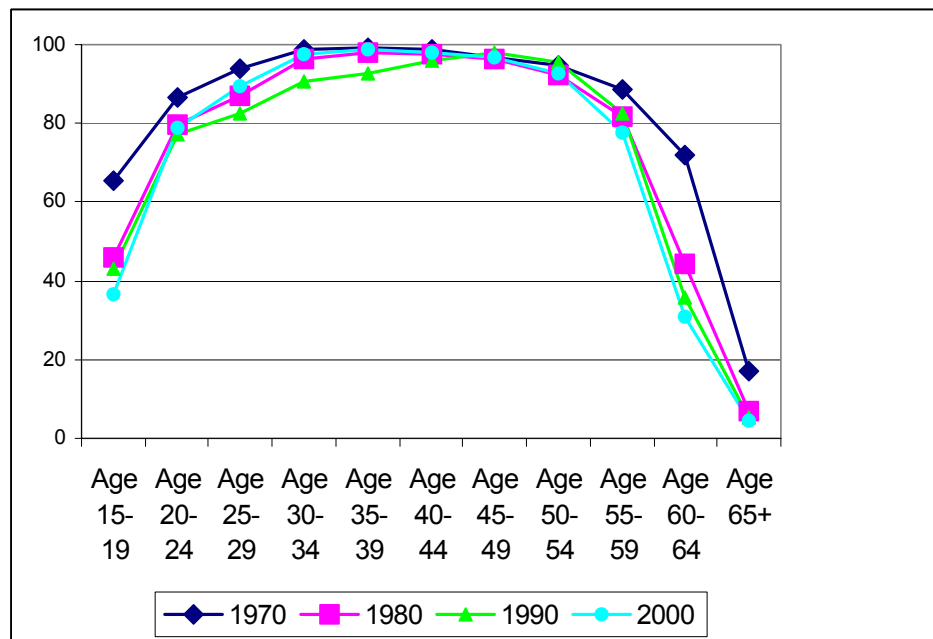
Source: Sommer (2003: 697), Statistisches Bundesamt (2002: 35)

Youth dependency ratio: relation of persons below 20 years of age to persons in working age (20-59 years)

Old-age dependency ratio: relation of persons in post-productive age (here: aged 60 years and older) to persons in working age

<sup>12</sup> Except of Figure 7, decimals are preceded in Continental manner with a comma and not a full stop.

**Figure 3: Activity rates of German men in per cent, 1970-2000**

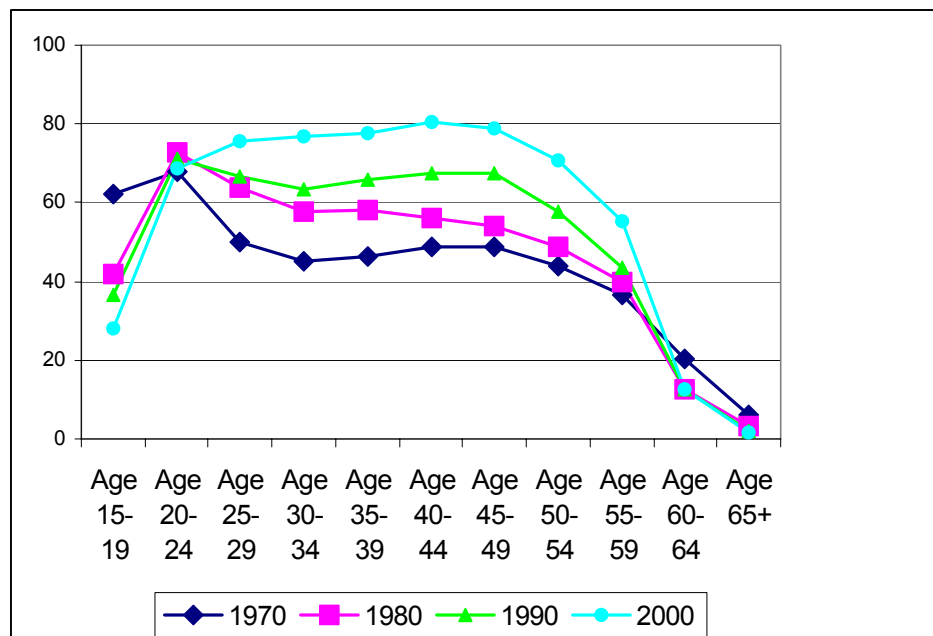


Source: OECD

Ab 1991: unified Germany

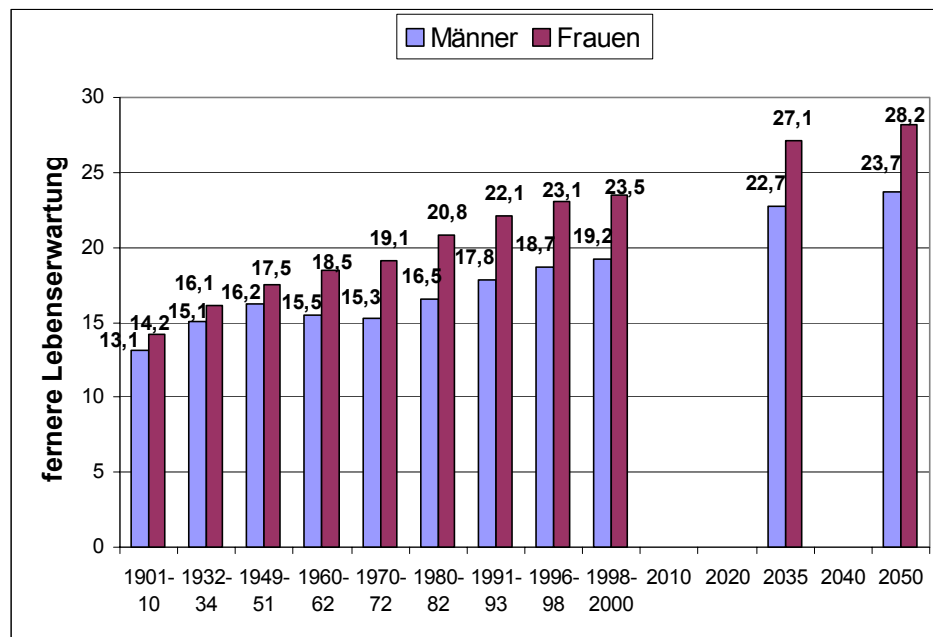
Activity rates: share of employed and unemployed persons among the population of the same age.

**Graphik 4: Erwerbsquoten von Frauen nach Altersgruppen, 1970-2000**



Source: as above

**Figure 5: Further life expectancy at the age of 60 years**



Source: Statistisches Bundesamt (2003: 16)

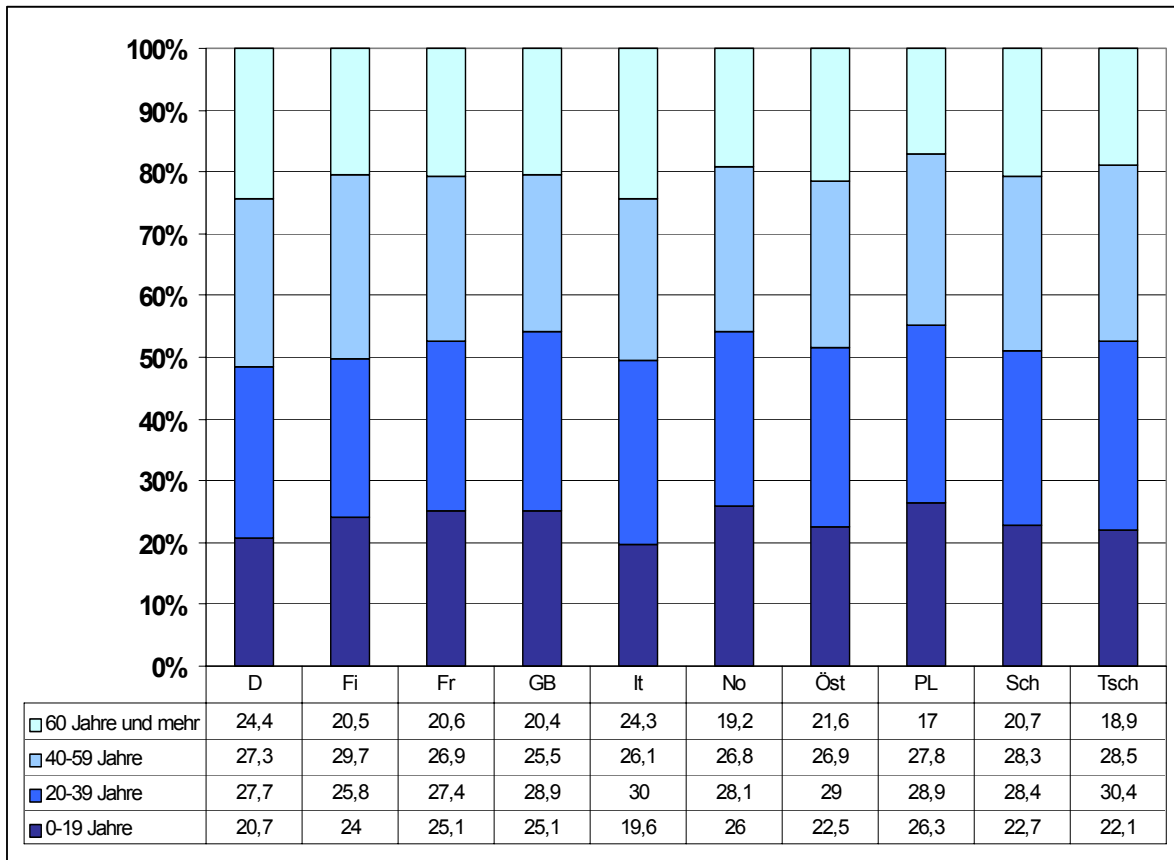
Until 1932-34: German Reich; until 1980-82: former Western Germany; from 2035 assumptions of the 10th Coordinated Population Forecast

**Table 1: Involvement of Germans in voluntary work by age, 2002/2003**

Altersgruppe	Mitgliedschaft, Teilnahme, Spenden oder freiwillige Arbeit in Organisation, die sich mit den folgenden Themen beschäftigt:											
	Sport/ Aktivitäten im Freien	Kultur/ Hobby	Gewerkschaftsarbeit	Geschäftsthemen	Konsumentenangelegenheiten/ gearbeitet	humanitäre Arbeit	Umwelt/ Frieden/ Tiere	Religion	Politische Partei	Wissenschaft/ Bildung	Klubs/ soziale Treffpunkt	Andere gemeinnützige Org.
0-20 J.	53.5	19.9	2.7	0.4	4.7	11.3	9.8	23.0	4.3	3.1	28.5	5.1
21-50	41.4	23.0	17.4	10.3	32.2	20.1	17.1	23.0	4.7	12.6	15.7	8.4
51-65	37.1	30.1	18.9	11.6	36.9	23.1	16.1	26.6	8.0	7.1	15.8	10.7
65+	21.2	22.6	8.8	8.1	19.4	24.7	10.7	31.2	6.4	5.1	21.5	10.5
Insgesamt	38.2	24.4	15.1	9.4	28.8	20.8	15.2	25.2	5.7	9.2	17.8	9.0

Quelle: econcept (2004: 24-25; old version) (European Social Survey, 2002/2003, representative population survey in 22 countries. In Germany, 2,919 persons were questioned.)

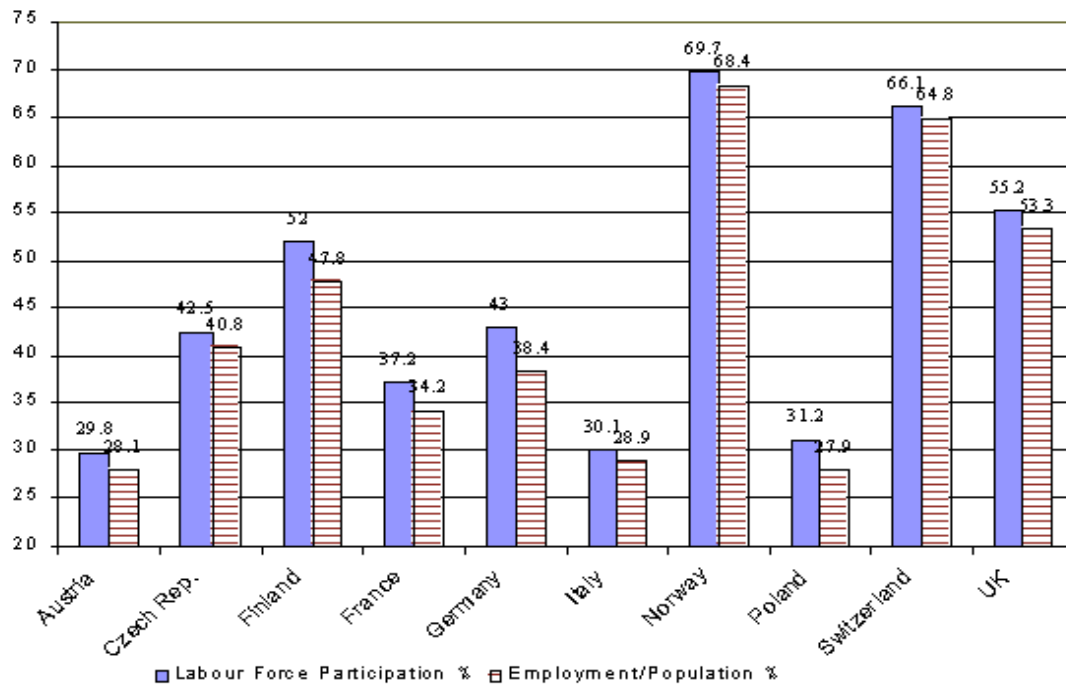
**Figure 7: Population structure in ActivAge countries on 1.1.2003**



Source: Eurostat

Countries included: Germany (D), Finland (Fi), France (Fr), U.K. (GB), Italy (It), Norway (No), Austria (Öst), Poland (PL), Switzerland (Sch), Czech Republic (Tsch).

**Figure 7: Activity rates and employment rates of persons aged 55-64 years, 2002**



Source: Piekola, Hannu (2004) (OECD data)

Activity rate: Share of employed and unemployed persons among the population of the same age.

Employment/population ratio: Share of employed persons among the population of the same age.

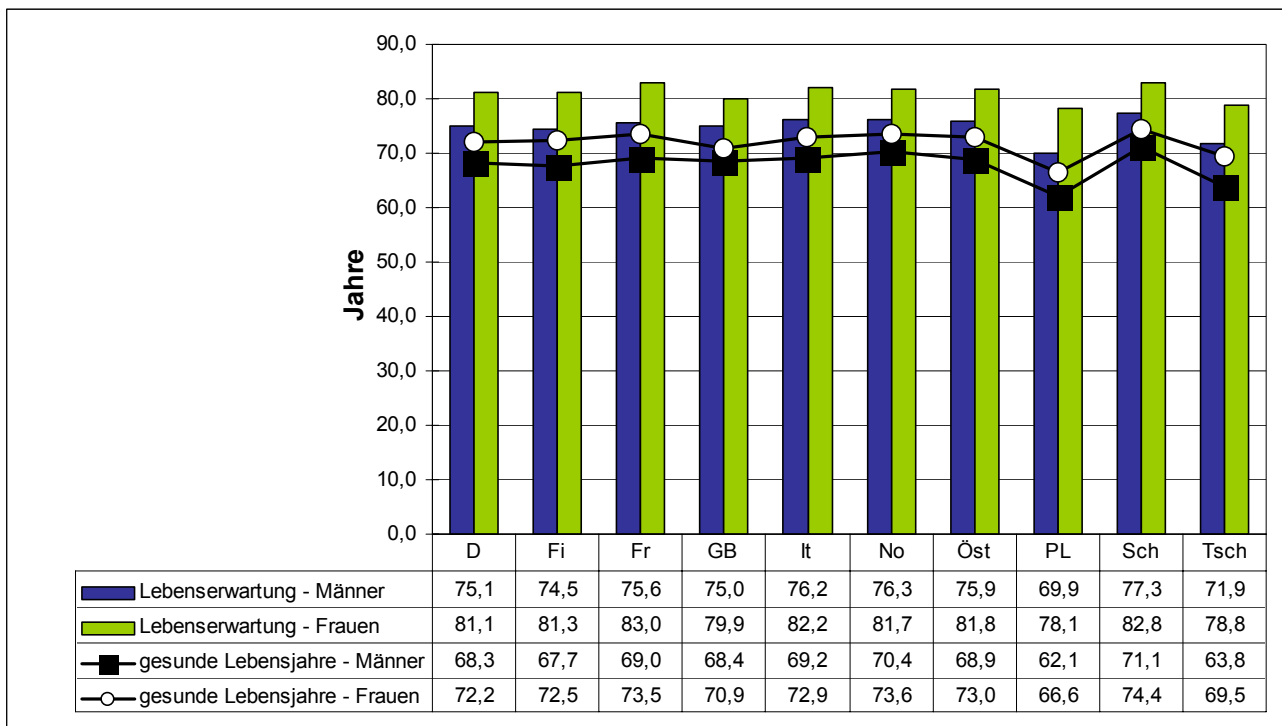


Average age of exit from the labour market, 2002, and standard retirement age entitling to a full pension, 2005

	Women	Men	Total	Pensionable age - women	Pensionable age - men
Country					
<b>Germany</b>	60,3	61,1	60,7	65 (phased in, will be valid for all women from 2012; currently some birth year cohorts can still retire at age 63-64)	65
<b>Finland</b>	60,4	60,6	60,5	63-68 (flexible)	
<b>France</b>	58,7	58,9	58,8	60 (40 contribution years for full pension)	
<b>U.K.</b>	61,9	62,7	62,3	60 (65 from 2020)	65
<b>Italy</b>	59,7	60,2	59,9	60	65
				After 40 contribution years independently of age	
<b>Norway</b>				67 (only in combination with 40 contribution years)	
<b>Austria</b>	59,3	59,4	59,3	60 (65 from 2033)	65
<b>Poland</b>	55,8	58,1	56,9	60	65
<b>Switzerland</b>				64	65
<b>Czech Republic</b>	58,4	62,2	60,2	57-61 (depending from number of children; 63 from 2025)	62 (63 from 2013)

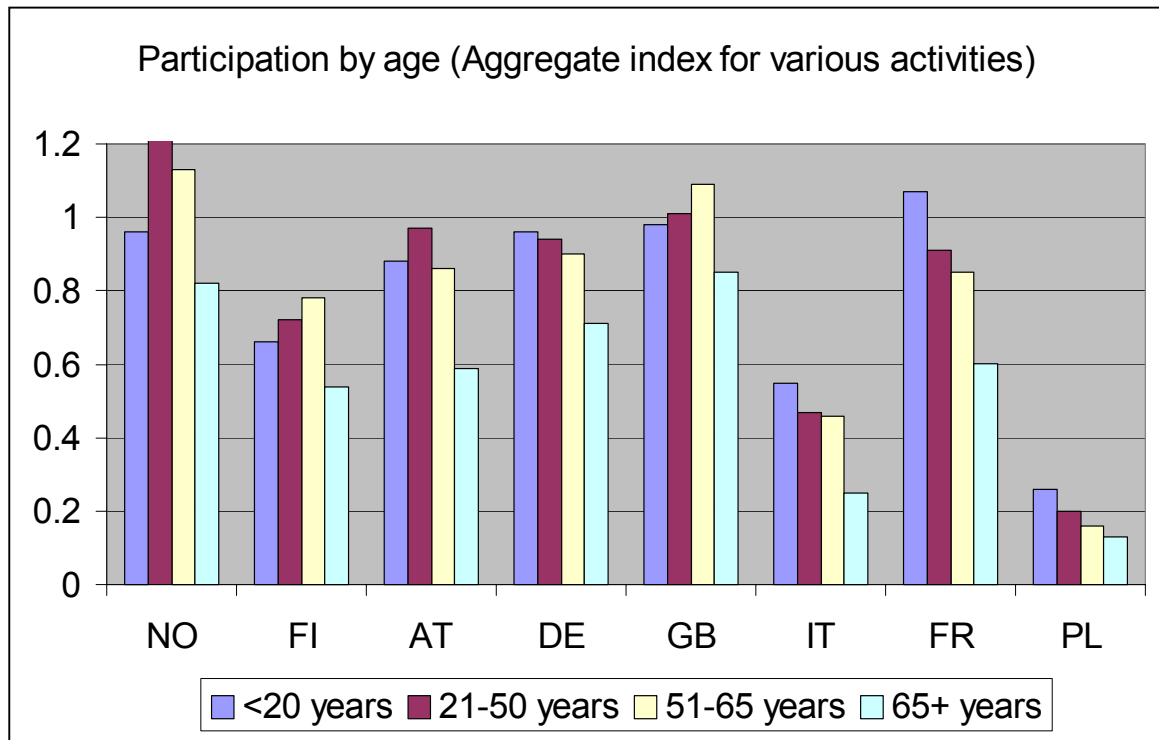
**Source:** Commission of the European Communities, 2004: *Increasing the employment of older workers and delaying the exit from the labour market, Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions*, COM(2004) 146 final, Brussels (EUROSTAT, LFS); own research

**Figure 8: Life expectancy and healthy life expectancy at birth, 2001**



Source: Mayhew/Lee (2004: 3) (WHO data)

**Figure 9: Participation index by age, 2002/2003**



Source: econcept (Arend, Michal; Gsponer, Gabriele; Baur, Martin), 2005: *Active Ageing Initiatives of Older People in Civil Society*. ICCR: Vienna.

Participation index – average number of voluntary organisations per country in which interviewees actively work.